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# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

CITY AND PORT OF GLOUCESTER

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1957

---

ORDERED TO BE PRINTED.

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**HEALTH COMMITTEE (1956/57)****Chairman :**

ALDERMAN S. A. STODDART (died 6th July, 1956)  
COUNCILLOR T. THOMAS (from 13th July, 1956)

**Deputy Chairman :**

COUNCILLOR T. THOMAS (until 13th July, 1956)  
COUNCILLOR T. JONES (from 21st Sept., 1956)

**Members :**

THE MAYOR (*ex-officio*)  
ALDERMAN MRS. F. WENTWORTH  
" F. HARRIS  
COUNCILLOR R. E. H. MOULDER  
" MRS. L. R. LANGDON  
" W. F. ERRINGTON  
" E. R. JELF  
" F. PHELPS  
" T. JONES (until 21st Sept., 1956)  
" A. V. STIRLAND  
" J. F. CURTIS  
" W. MAY  
" J. C. DILLON  
" W. J. LEWIS  
" C. COLLINS (from 3rd Oct., 1956)

**NATIONAL HEALTH SERVICE  
SUB-COMMITTEE**

The whole of the Members of the Health Committee with the addition of the following co-opted members :—

MISS V. M. DOVER, S.R.N.  
DR. G. C. WHARTON  
MR. W. H. GINGELL  
MRS. E. EGGLETON  
MRS. E. PHELPS  
MRS. K. HEAL, S.R.N.  
MRS. R. LAYTON  
MRS. E. M. WHITE  
MRS. H. F. ETHERIDGE  
MR. B. S. SAUNDERS, L.D.S., R.C.S.  
MRS. M. ASKEW  
MRS. M. DAVENPORT  
MRS. V. G. LAWSON

**AFTER CARE SUB-COMMITTEE  
(including Mental Health)**

ALDERMAN S. A. STODDART (died 6th July, 1956)  
COUNCILLOR T. THOMAS (from 13th July, 1956)  
ALDERMAN MRS. F. WENTWORTH  
" F. HARRIS  
COUNCILLOR T. JONES  
DR. B. M. MANDELBROTE  
MRS. E. EGGLETON  
MRS. M. ASKEW

**HEALTH COMMITTEE (1957/58)****Chairman :**

COUNCILLOR T. THOMAS

**Deputy Chairman :**

COUNCILLOR T. JONES.

**Members :**

THE MAYOR (*ex-officio*)  
ALDERMAN M. G. LEWIS  
" MRS. F. WENTWORTH  
" F. HARRIS  
COUNCILLOR R. E. H. MOULDER  
" MRS. L. R. LANGDON  
" D. C. FRAPE  
" E. R. JELF  
" F. PHELPS  
" J. F. CURTIS  
" W. MAY  
" C. COLLINS  
" I. C. PRITCHARD  
" H. RICH

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MISS V. M. DOVER, S.R.N.  
MR. W. H. GINGELL  
MRS. K. HEAL, S.R.N.  
MRS. H. F. ETHERIDGE  
MR. B. S. SAUNDERS, L.D.S., R.C.S.  
DR. G. C. C. WHARTON  
DR. W. R. BLATCHLEY  
MRS. E. EGGLETON  
MRS. E. PHELPS  
MRS. M. ASKEW  
MRS. V. G. LAWSON  
MRS. R. LAYTON  
MRS. M. E. ARMITAGE

**AFTER CARE SUB-COMMITTEE  
(including Mental Health)**

COUNCILLOR T. THOMAS  
" T. JONES  
ALDERMAN MRS. F. WENTWORTH  
" F. HARRIS  
MRS. E. EGGLETON  
MRS. M. ASKEW  
DR. B. M. MANDELBROTE



## HEALTH OFFICERS OF THE AUTHORITY

CHARLES COOKSON, M.D., D.P.H., Medical Officer of Health, City and Port of Gloucester  
Principal School Medical Officer, Medical Officer of the Isolation Hospital.

DAVID S. CLARK, M.B., Ch.B., D.P.M., D.P.H., Senior Assistant Medical Officer of  
Health ; School Medical Officer.

VALERIE N. BAKER, M.B., Ch.B., D.Obst.R.C.O.G., Assistant Medical Officer of Health ;  
School Medical Officer.

---

F. J. D. KNIGHTS, M.R.C.P., and R. H. ELLIS, M.R.C.P., Chest Physicians, and Mr.  
H. A. HAMILTON, M.R.C.O.G., and Mr. S. A. BOND, F.R.C.S., M.R.C.O.G., Consul-  
tant Obstetricians. Part-time, by arrangement with the South Western Regional  
Hospital Board :

DRS. H. CAIRNS-TERRY, J. GREENE, Senr., J. GREENE, Junr., R. B. BARNES, D. C.  
BRADFORD, W. MURRAY, N. LEWIS, and G. C. MATHERS, Medical Officers, Infant  
Welfare Centres, part-time.

---

E. G. H. LIGHTFOOT, L.D.S., Principal School Dental Officer.

MESSRS. R. G. BOODLE, L.D.S., M. J. BARTLETT, L.D.S., and J. R. COND, B.D.S.,  
School Dental Officers, part-time.

---

M. E. D. TURNER, B.Sc., F.R.I.C., Public Analyst, part-time (until 11th April 1957).

E. G. WHITTLE, B.Sc., F.R.I.C., Public Analyst, part-time (from 11th April 1957).

I. DEMBREY, B.Sc., F.R.I.C., Assistant Public Analyst, part-time (from 11th April 1957).

---

Public Health Inspectors : MESSRS. R. I. WILLIAMS (Chief, and Port Health Inspector),  
G. W. ALEXANDER (and Assistant Port Health Inspector), E. A. BLUNDELL, R. A.  
OSTLER (from 7th October 1957); R. C. UPHAM and R. E. WORKMAN (from 23rd  
September 1957) (Assistants), CAPT. H. H. BURBRIDGE (Assistant Port Health  
Inspector, part-time), and two Student Public Health Inspectors.

Health Visitors : MISS A. R. TAYLOR (Superintendent Nursing Officer), The MISSES  
D. M. EVANS, E. M. GARRETT, C. JONES, M. D. I. LEWIS, J. MACNAMARA, T.  
MORGAN, K. V. SPARKS, P. M. VENNELL and E. S. VIDAL, and MESDAMES G. M.  
ATKINSON, S. McGRATH and J. TANNER.

---

M. JONES, F.P.S., Chief Pharmacist, Health Centre, 20 Longsmith Street, Gloucester,  
(until 1st April 1957).

R. B. STEPHENS, B.Sc., M.P.S., Chief Pharmacist, Health Centre, 20 Longsmith Street,  
Gloucester, (from 1st July, 1957)

F. L. MAYO, M.P.S., Chief Pharmacist, Health Centre, 11 Barton Street, Gloucester.

MISS G. GAPPER, Home Teacher for the Blind.

MISS G. M. HOLLOWAY, Home Teacher for the Blind (from 2nd September 1957).

MISS V. C. MARSOM, L.C.S.T., Speech Therapist (from 2nd September 1957).

E. T. CHINN, Ambulance Officer.

H. J. HARVEY, Chief Clerk and Duly Authorised Officer.

Eight whole-time and three part-time clerks including two Duly Authorised Officers ;  
one whole-time, one part-time School Health Services clerks, two Dental Attendants,  
whole-time and two part-time Assistants, in conjunction with the Education  
Committee ; one Disinfecting Officer and three Rodent Operatives. A

## HEALTH SERVICES

HEALTH DEPARTMENT :  
 Priory House, Greyfriars (Tel. 24416-7).

### CLINICS AND CENTRES

Ante and Post Natal Clinics,  
 Health Clinic, Brunswick Road  
 (Tel. 23253) ... ..

Nurses' Sessions ... Mondays and  
 Thursdays (by  
 appointment)  
 Doctors' ,, ... Wednesdays and  
 Fridays (by  
 appointment)  
 Bookings ... .. Mondays, 9.30 a.m.

Relaxation Classes,  
 11 Barton Street ... ..

Mondays to Fridays, 2.15 p.m., Tuesdays  
 and Thursdays, 6.30 p.m. (by appointment).

Health Centres : 20 Longsmith Street, Gloucester (Tel. 22362).  
 11, Barton Street, Gloucester (Tel. 22682).

Infant Welfare Centres :—

Trinity Baptist Church Sunday School, Selwyn Road	...	Tuesdays	2 p.m.
Mission Hall, Sherborne Street	... ..	Wednesdays	,,
St. Stephen's Church Hall, Linden Road	... ..	,,	,,
Community Centre, Matson	... ..	,,	,,
St. George's Hall, Lower Tuffley	... ..	Alternate Thursdays	,,
St. Michael's Hall, Lower Tuffley	... ..	,,	,,
Tyndale School, Stratton Road	... ..	Fridays	,,
Church Hall, Coney Hill	... ..	,,	,,
Elmscroft Community Centre, Barnwood Road	... ..	,,	,,

General .—

Chest Clinic, Gloucestershire Royal Hospital, Great Western  
 Road ... ..

Mondays 9-30 a.m.  
 Thursdays, 2.15  
 p.m., Fridays, 9.30  
 a.m.

Tuberculosis Immunisation Clinic, Health Clinic, Brunswick  
 Road ... ..

2nd Tuesday in  
 month and the  
 following Friday  
 morning.  
 (By appointment).

Immunisation against Diphtheria, Whooping Cough and  
 Smallpox ... ..

Fridays 2-30 p.m.

Immunisation against Poliomyelitis ... ..

Mondays, 2.15 p.m.  
 Tuesdays,  
 Wednesdays and  
 Thursdays 10 a.m.  
 (By appointment).



## SCHOOL HEALTH SERVICE

School Minor Ailment Clinics are held as follows :—

- |                                  |     |     |  |
|----------------------------------|-----|-----|--|
| 1. Health Clinic, Brunswick Road | ... | ... | Monday and Friday mornings.            |
| 2. Finlay Road School            | ... | ... | Monday, Wednesday and Friday mornings. |
| 3. Open Air School               | ... | ... | Monday, Wednesday and Friday mornings. |
| 4. Coney Hill School             | ... | ... | Tuesday and Friday mornings.           |
| 5. Grange Road School            | ... | ... | Wednesday mornings.                    |
| 6. Lower Tuffley School          | ... | ... | Wednesday mornings.                    |
| 7. Archdeacon Street School      | ... | ... | Tuesday and Friday mornings.           |

School Dental Clinic, Health Clinic, Brunswick Road (Tel. 20436)	By appointment Tuesday, Thursday and Friday. From 9–10 a.m. for emergencies.
---	---

Child Guidance Clinic, 43, Southgate Street	...	Wednesdays 10 a.m. (By appointment only).
---	-----	---

Speech Therapy Clinic, 43, Southgate Street (Tel. 26319)	...	Mondays, Tuesdays, Thursdays and Fridays, 9 a.m. (By appointment).
---	-----	--

Medical provision for all other physical disabilities is made in association with the local hospitals.

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### DAY NURSERY

Bath Place, Stroud Road. (Tel. 24332).

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### AMBULANCE SERVICE

Eastern Avenue (Tel. 25055-6).

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HEALTH DEPARTMENT,  
PRIORY HOUSE, GREYFRIARS,  
GLOUCESTER.

*To the Mayor, Aldermen and Councillors  
of the City of Gloucester.*

In presenting my Annual Report for the year 1957 I wish in this Introduction to draw attention to a certain few matters that are dealt with fully in the text and in the introductions to the various Sections of this Report.

I also wish to acknowledge the prompt help given by the Health Committee and the City Architect's department towards alleviating the overcrowding and dispersal of accommodation both of patients at Clinics and staff generally. I referred to this in my Report for 1956. The Public Health Inspectors' accommodation is now good and adequate, and whilst we are all still dispersed, and the Ante-Natal Clinic is still as it was, yet with the help also of the Education Department, we are hopeful of remedying both these in the near future.

It is nice to report that at last the Chief Public Health Inspector has now got a full complement of assistants.

#### SECTION A.

In this will be found the Vital Statistics. These are satisfactory except for the illegitimacy rate. Details of this are given. It is not unreasonable to add here that the national figures also show an increase in venereal diseases.

#### SECTION B.

(a) *Tuberculosis*.—I would draw attention to the favourable progress shown in dealing with tuberculosis, but it is salutary to read the Senior Chest Physician's report on this, and also on the other two major problems of his work, cancer of the lung and chronic bronchitis. It is pleasing also to show the great and prompt help given by the Housing Department in rehousing families where a tuberculosis problem is discovered. A review of their help over the past six years is included.

(b) *Maternity Hospital Accommodation*.—Reference is made to the Maternity Hospital accommodation provided for City mothers. It will be seen that the amount of this accommodation has not increased since the war, and in fact is below the national average. Accommodation in Gloucester exists for only approximately 50% of all confinements, whereas the national figure is nearer to 65%, and certain towns in this Hospital Region are over 80%. This does not necessarily mean that Gloucester has been treated badly as many factors are involved. Given good home conditions there is a strong case for domiciliary midwifery, and Gloucester has always shown a high figure in this. Nevertheless, even though housing has steadily improved, the lack of help available from other relatives these days (probably because of smaller families and therefore fewer relatives), the financial considerations of a domiciliary as opposed to a hospital confinement, and the growing realisation that in hospital a woman has more of a rest after her confinement, makes the demand for more hospital accommodation a growing one.

(c) *Ambulance Service*.—Up till the present all vehicles, both ambulances and sitting case cars, have been special bodies on commercial Bedford chassis, and they have been reliable and serviceable, but like all ambulances built on commercial chassis even though the springing is adjusted, they lack the extra comfort and lower loading and ride of a special passenger chassis. This is not so noticeable in short journeys and in the ordinary run of patient carried, but has been a matter of adverse comment in long journeys with serious cases e.g. serious head injuries or haemorrhages transferred to Bristol or London. Moreover it has to be remembered that a Local Health Authority must keep an ambulance for several years, and run it for 150,000 miles, before changing, by which time any defects that are not noticeable at first can become serious ones later.

The Health Committee, therefore, decided to buy two Austin "Princess" chassis and have them fitted with Lomas Ambulance bodies, and it is hoped that these will give the greater comfort needed for the special cases.

Reference might be made here to progress in getting our new Ambulance Station built. Representations have been made to the Ministry and plans have been discussed. It is to be hoped that the building, at the other end of the Corporation land where the present station stands, will become a reality before long. The liberation of the existing buildings would be a help to the City Surveyor, and indirectly also to other departments, for whom they were originally built.

(d) *Immunisation*.—The national publicity given to immunisation against Anterior Poliomyelitis has overshadowed similar work against other diseases; nevertheless it continues steadily though not as fully as is desirable.

Immunisation against Anterior Poliomyelitis was still hampered in 1957 by lack of the necessary material, and it was only towards the end of the year that the campaign was really under way.



(e) *Sale of Welfare Foods.*—On the 1st April the amount charged for a tin of National Dried Milk was increased from 10½d. to 2s. 4d. No doubt as a result there has been a reduction in the amount sold. Even at this higher price it is not much more than half the full retail price, and it is possible that at the cheaper price some was being used for family purposes and not just for the babies. There has been no evidence at this office that children are getting less than they require.

(f) *Recuperative Holidays.*—When these or convalescent holidays cannot be provided by the Health Committee or the Hospital Board, we are fortunate in the City in having two charitable organisations which step in and assist. The Free Hospital and George Peters Fund for the Children of the Poor, and the Fluck Convalescent Fund do a great deal of good work in this direction, also helping mothers and children with extras when there is illness in the home.

I would like to express my gratitude on behalf of the Health Committee for the prompt and generous help they give.

#### SUBSEQUENT SECTIONS.

Reports are included from the Chief Public Health Inspector and other members of my staff, who deal with the other many activities of this department.

In conclusion I would take the opportunity of thanking the many voluntary workers at the Infant Welfare Centres and Handicraft Classes and Clubs for the Handicapped for their faithful and helpful work throughout the year.

I wish also to thank all members of the staff of this department for their cheerfulness and consistent work, often under difficult circumstances, and I would like to thank the members of the Health Committee and National Health Service Sub-Committee, particularly the Chairman, for their unfailing support.

I beg to remain,

Your obedient Servant,

CHARLES COOKSON

*Medical Officer of Health,  
Principal School Medical Officer  
and Port Medical Officer.*

## Section A.

### Statistical Conditions of the Area

#### GENERAL STATISTICS—1957

Area (Estimated)	...	...	...	...	...	...	...	...	5,340 acres
Estimated Home Population	...	...	...	...	...	...	...	...	67,850
Area comparability factors	...	...	...	...	...	...	...	{ Births	0.99
								{ Deaths	1.03
Number of inhabited houses at end of year according to Rate Books	...	...	...	...	...	...	...	...	18,888
Rateable Value	...	...	...	...	...	...	...	...	£899,277
Sum represented by a Penny Rate (estimated)	...	...	...	...	...	...	...	...	£3,775

#### VITAL STATISTICS—1957

These together with the figures for Tuberculosis, other Infectious Diseases and Cancer, are very satisfactory in general.

Total births and the birth rate remain approximately the same as last year, though curiously enough the number of girls born was the greatest since 1947. Also the number of girls exceeded the number of boys for the first time since 1946. On the other hand, the number of boys born was (with the exception of 1955) the lowest number since 1940.

There were 20 stillbirths, and the rate of 17 per thousand live and stillbirths can be regarded as average.



The number of children who died under the age of one year was 20, which gives a rate per thousand live births of 17.3 the lowest figure ever recorded in Gloucester. It is of interest to note by way of comparison that this figure is only a quarter of the average rate between 1921 – 1924. Details of these deaths are shown in the tables that follow.

There were no maternal deaths. There have only been 5 deaths in the last 10 years.

The general death rate is about average, with the figures of the last 10 years showing a slight downwards tendency still.

The deaths from Tuberculosis (8) are the lowest ever recorded, and those from Cancer (108) show a welcome reduction on the last 3 years. But whilst it is reasonable to assume that tuberculosis deaths will continue to lessen, it would be unreasonable to assume any improvement in the cancer figures simply on this year's figures. Similar "good" years have occurred before. What is interesting is that there is a drop in the number of cases of cancer of the lung and bronchus.

Recent research, and publicity, has made the public more aware of a disease of the blood, Leukaemia, which is a form of cancer. There were 3 deaths again this year.

The one unsatisfactory feature of the vital statistics is the illegitimacy birth rate.

Before the war, illegitimate births occurred in the proportion of one in every 28 live births. There was a great increase in illegitimacy as the war progressed, then it lessened but has never dropped to the pre-war level. In 1957 there were 72 illegitimate births, giving a proportion of one in every 16. The figures to the nearest whole numbers for the period are as follows, the proportions being one in

1935	...	29	1943	...	11	1951	...	17
1936	...	29	1944	...	11	1952	...	18
1937	...	28	1945	...	7	1953	...	20
1938	...	26	1946	...	10	1954	...	18
1939	...	25	1947	...	15	1955	...	20
1940	...	25	1948	...	14	1956	...	18
1941	...	16	1949	...	17	1957	...	16
1942	...	19	1950	...	18			

Thus the average before the war was 1 illegitimate birth in 28 live births; during the war period 1939 – 1946 the figures didn't alter much for the first 3 years, then fell eventually as low as 1 in 7. From 1947 – 1957 the average is 1 in 17.

Statistics of illness as shown by the medical certification of unfitness to work are provided weekly, and I am indebted to the Manager of the local branch of the Ministry of National Insurance for this useful information.

			Males	Females	Total				
LIVE BIRTHS	{	Legitimate	...	524	559	1083			
		Illegitimate	...	41	31	72			
	TOTALS		...	565	590	1155	<i>Rate per 1000 of the estimated resident population ... 17.0</i>		

			Males	Females	Total			
STILLBIRTHS	...	...	...	10	10	20	<i>Rate per 1000 total (live and still) births ...</i>	17.0
DEATHS	...	...	...	413	341	754	<i>Death rate per 1000 of the estimated resident population ...</i>	11.1

DEATHS FROM PREGNANCY, CHILDBIRTH AND ABORTION ... Nil

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE :—

All infants per 1000 live births (Total= 20)	...	...	...	...	17.3
Legitimate infants per 1000 legitimate live births (Total=18)	...	...	...	...	16.6
Illegitimate infants per 1000 illegitimate live births (Total=2)	...	...	...	...	27.7

DEATHS FROM MEASLES (all ages)	...	...	...	...	1
„ „ WHOOPING COUGH (all ages)	...	...	...	...	1
„ „ GASTRITIS, ENTERITIS AND DIARRHOEA (under 2 years of age)					Nil

VITAL STATISTICS—1948-1957

Live Births

YEAR	LEGITIMATE		ILLEGITIMATE		TOTAL	Rate per 1,000 of the estimated Resident Population	
	MALE	FEMALE	MALE	FEMALE		GLOUCESTER (Unadjusted)	ENGLAND & WALES
1948	597	524	48	41	1210	18·9	17·9
1949	553	537	35	34	1159	17·9	16·7
1950	545	497	37	25	1104	16·3	15·8
1951	553	518	31	35	1137	16·2	15·5
1952	535	497	22	38	1092	16·4	15·3
1953	553	504	26	29	1112	16·7	15·5
1954	577	492	33	31	1133	16·9	15·2
1955	520	500	23	30	1073	15·9	15·0
1956	585	518	32	31	1166	17·3	15·7
1957	524	559	41	31	1155	17·0	16·1

Stillbirths

YEAR	MALE	FEMALE	TOTAL	Rate per 1,000 Total (Live and Stillbirths)
1948	12	14	26	21·0
1949	9	6	15	12·7
1950	14	17	31	27·3
1951	12	14	26	22·3
1952	15	4	19	17·1
1953	14	23	37	32·2
1954	13	6	19	16·5
1955	5	11	16	14·7
1956	12	14	26	22·3
1957	10	10	20	17·0

Deaths

YEAR	MALE	FEMALE	TOTAL	Death-Rate per 1,000 of the estimated Resident Population	
				GLOUCESTER (unadjusted)	ENGLAND & WALES
1948	386	347	733	11·4	10·8
1949	411	356	767	11·8	11·7
1950	392	377	769	11·3	11·6
1951	443	374	817	11·6	12·5
1952	360	324	684	10·3	11·3
1953	390	343	733	11·0	11·4
1954	378	353	731	10·9	11·3
1955	380	385	765	11·3	11·7
1956	376	354	730	10·8	11·7
1957	413	341	754	11·1	11·5



MATERNAL MORTALITY

YEAR	DEATHS	RATE PER 1,000 LIVE AND STILL BIRTHS			
		PUERPERAL AND POST ABORTIVE SEPSIS	OTHER CAUSES	TOTAL	
				Gloucester (unadjusted)	England and Wales
1948	Nil	Nil	Nil	Nil	1·02
1949	Nil	Nil	Nil	Nil	0·98
1950	2	Nil	1·76	1·76	0·86
1951	Nil	Nil	Nil	Nil	0·79
1952	1	Nil	0·90	0·90	0·72
1953	Nil	Nil	Nil	Nil	0·76
1954	1	Nil	0·90	0·90	0·69
1955	Nil	Nil	Nil	Nil	0·64
1956	1	Nil	0·84	0·84	0·56
1957	Nil	Nil	Nil	Nil	0·46

NUMBER OF DEATHS AND DEATH-RATE OF INFANTS  
UNDER ONE YEAR OF AGE.

YEAR	NUMBER OF DEATHS			Death-Rate of all Infants Per 1,000 Live Births	Death-Rate of Legitimate Infants Per 1,000 Legitimate Live Births	Death-Rate of Illegitimate Infants Per 1,000 Illegitimate Live Births
	All Infants	Legitimate Infants	Illegitimate Infants			
1948	43	40	3	35·5	35·7	33·7
1949	47	40	7	40·5	36·7	101·4
1950	29	26	3	26·3	24·9	48·4
1951	41	37	4	36·1	34·5	60·6
1952	26	23	3	23·8	22·2	50·0
1953	38	36	2	34·2	34·0	36·4
1954	23	21	2	20·3	19·6	31·2
1955	20	20	Nil	18·6	19·6	Nil
1956	32	30	2	27·4	27·2	31·7
1957	20	18	2	17·3	16·6	27·7



CAUSES OF DEATH, 1957  
(SHOWING THE THREE MAIN CAUSES.)

DISEASE	SEX	AGE GROUPS					All ages
		0-25	25-45	45-65	65-75	75+	
Tuberculosis—All forms ... ..	M.	—	1	3	—	—	4
	F.	1	2	1	—	—	4
Cancer—All forms ... ..	M.	2	4	29	8	16	59
	F.	1	1	14	23	10	49
Heart Diseases and Diseases of Circulation All forms ... ..	M.	1	4	52	64	88	209
	F.	—	3	27	45	119	194
All other causes ... ..	M.	25	12	36	26	42	141
	F.	20	4	14	14	42	94
Total Deaths—All causes ... ..	M.	28	21	120	98	146	413
	F.	22	10	56	82	171	341
TOTALS ...		50	31	176	180	317	754

INFANT MORTALITY

Deaths from stated causes under one year .—

Pneumonia ... ..	6
Measles ... ..	1
Congenital Malformations ... ..	3
Other Defined or Ill-Defined Diseases ... ..	9
Accidents ... ..	1
TOTAL ...	20

Details of Neo-Natal deaths (of children dying within the first four weeks of being born) included in the above Infant Mortality figures, are as follows :—

Pneumonia ... ..	2
Congenital Malformations ... ..	2
Other Defined or Ill-Defined Diseases ... ..	7
TOTAL ...	11

The Neo-Natal Death Rate therefore, was 9·5 per 1,000 live births.

TABLE SHOWING INCIDENCE OF CANCER, 1933-1957

Year	Deaths from Cancer	Percentage of total Deaths registered	Death-Rate per 1,000 • Population	Sex	AT AGES—YEARS			
					Under 25	25—45	45—65	65—Up
1933	70	10.5	1.31	M	—	3	16	21
				F	—	2	15	13
1934	85	12.8	1.61	M	—	1	21	23
				F	—	3	14	23
1935	95	13.5	1.67	M	—	2	12	25
				F	—	1	19	36
1936	101	13.9	1.78	M	—	2	24	31
				F	—	5	18	21
1937	84	11.1	1.17	M	—	1	14	19
				F	—	3	21	27
1938	85	11.7	1.53	M	—	—	14	23
				F	—	3	16	29
1939	97	12.9	1.67	M	—	4	14	23
				F	—	4	24	28
1940	91	10.0	1.50	M	7		14	22
				F	4		16	28
1941	97	12.0	1.49	M	4		13	11
				F	6		22	21
1942	114	14.8	1.76	M	4		17	27
				F	5		25	36
1943	111	13.0	1.90	M	2		16	29
				F	6		30	28
1944	110	15.4	1.76	M	4		18	27
				F	2		27	32
1945	102	12.9	1.63	M	7		19	28
				F	11		11	26
1946	118	15.4	1.86	M	1		23	33
				F	6		22	33
1947	108	14.4	1.69	M	4		17	29
				F	9		23	26
1948	106	14.5	1.65	M	3		24	30
				F	5		16	28
1949	110	14.3	1.70	M	1		23	27
				F	8		23	28
1950	120	15.6	1.77	M	4		31	27
				F	9		18	31
1951	122	14.9	1.74	M	2		33	36
				F	7		18	26
1952	112	16.4	1.68	M	4		24	36
				F	6		11	31
1953	98	13.4	1.47	M	5		13	27
				F	6		18	29
1954	129	17.6	1.93	M	5		26	33
				F	5		29	31
1955	133	17.3	1.97	M	7		28	30
				F	6		23	39
1956	126	17.3	1.87	M	2		38	27
				F	5		29	25
1957	108	14.4	1.59	M	6		29	24
				F	2		14	33

The 108 deaths are divisible under the following main causes, as grouped by the Registrar General.

	Sex		Total
	M.	F.	
Stomach ... ..	14	9	23
Lung and Bronchus ... ..	14	1	15
Breast ... ..	—	7	7
Uterus ... ..	—	5	5
Other... ..	30	25	55
Leukaemia ... ..	1	2	3
Totals ...	59	49	108

Section B.

National Health Service Act, 1946.

INTRODUCTION.

In addition to this introduction to work performed in accordance with the appropriate section of above Act, I also include special reports from (1) Dr. Knights, Senior Chest Physician, which discusses the present position of tuberculosis of the lungs and also refers to the now greater problems of lung cancer and chronic bronchitis ; (2) Dr. Clark on Mental ill-health ; (3) Mr. Chinn on the Ambulance Service and (4) Miss Gapper, Senior Home Teacher for the Blind.

MIDWIFERY.

In connection with Midwifery I would only refer this year to the number of women confined in their own homes and in institutions. The number of the latter is almost wholly made up by those admitted to the City Maternity Hospital ; the number confined in private Nursing Homes is so small as to be insignificant.

The following table sets out the accommodation available in Gloucester since 1939, the number of women from the City admitted and the total of all women admitted to that same accommodation. It also shows the total number of live and stillbirths in the City.



Year	Hospital Beds	Women Admitted from City	Total Women Admitted	Total Births (Live & Still) in City—Institutional and Domiciliary (Adjusted)	
1939	16	222	419	1225	Clarence Street Unit 11. Gt. Western Rd. Hospital 5
1940	15	271	476	1269	„ „ „ 12. „ „ „ 3
1941	22	319	526	1070	„ „ „ 11. Fluck Home 11
1942	22	467	616	1233	
1943	22	458	613	1479	„ „ „ 11. Half Maternity Hospital 11 (from 9.3.43)
1944	26	543	654	1294	Maternity Hospital (fully opened June, 1944)
1945	26	573	631	1193	
1946	28	655	708	1371	
1947	28	656	698	1445	
1948	28	631	661	1193	
1949	28	651	704	1163	
1950	28	561	726	1144	
1951	50	588	972	1144	Ward M.2 added. Addition of 22 beds
1952	50	548	1019	1097	
1953	50	581	1081	1143	
1954	50	520	1058	1132	
1955	51	522	1047	1071	Premature Infant Unit opened + 1 additional bed
1956	51	543	1144	1171	
1957	51	537	1180	1161	

It will be seen that the annual number of births in the City has tended to remain stationary, about 1100 since the immediate post-war years, i.e. since 1948.

Since 1948 the number of City women admitted to the Maternity Hospital annually has tended to fall from over 600 to around 550. At the same time the total admissions to the hospital have steadily risen, even out of proportion to the number of beds available. This does not necessarily mean that women from the County area have benefitted more than those from the City. It is quite likely that the County are no better off for available maternity beds than is the City, but I have only figures available for the City.

In the last six years (1952 – 1957) 52% of all City Births took place in institutions. The national figure for institutional confinements is 65% (for 1955, Ministry of Health “Public Health and Medical Subjects” publication No. 97, published 1957). As the number of City Women who were confined in institutions other than the City Maternity Hospital is less than 1%, it can be assumed that all were confined at the City Maternity Hospital. In other words, the City is 13% less than the national average.

There is an increasing tendency for women to seek their confinements in institutions. Partly this is fictitious, as it is still cheaper than having a baby at home; nevertheless the tendency is a real one, and in the City we are not meeting that need.

Of the 51 beds at the hospital, 20 are allocated (14 for City and 6 County) for patients whose home circumstances make a confinement there impossible or undesirable. The remaining 31 beds are allocated for the Consulting Surgical Staff to admit all “Medical” cases.

Admissions to the Hospital are arranged by the medical staff of the hospital where there is a medical reason, or alternatively by me, where a woman wishes to be admitted. In the latter group, as there are far more women wishing to be admitted than can be accommodated, the Health Visitors call at the applicant's home and report on the circumstances there as to the suitability for a home confinement. Those with the most unsuitable home circumstances are given preference. It is not always easy to be just, and difficult cases have to be refused because of lack of accommodation. In difficult cases, the County Medical Officer of Health kindly assists when he has vacant accommodation at the Maternity Hospitals at Stroud or in the Forest.

There still is the general question, however, of the desirability of women having their confinement at home, and it does not follow that although there appears to be a need for more hospital accommodation in the City, that the great proportion of all births should take place there.

Of the 609 home confinements in the City in 1957, it is interesting to note that only 36 made use of the Home Help Service. Admittedly this service does not operate at night, nor at week-ends; even so, I cannot help feeling that the cost of having the Helpers, and the dislike of families to have strangers in their houses, prevent a fuller use being made of them. Of these, I think the cost is the greater deterrent. If the service was free, it would be more fully used, and because hospital accommodation is free it attracts if for that reason alone.

**HOME NURSING.**

The staff employed by the Gloucester District Nursing Society on this work consists of 16 Day Nurses, 2 Night Nurses and a late Evening Service of a Nurse on duty each evening. In addition there is an administrative staff of nurses.

It is impossible to quote figures showing how this service relieves the hospitals of in-patients, but it is so efficient that it certainly must save a good deal. In fact enquiries show that if a person has a home to go to, local hospitals discharge them for home nursing without hesitation. Also, 188 terminal cases were nursed during the year.

**HEALTH VISITING.**

This work has been done as well as ever, and remains one of the main ways of preventing ill-health. It is truly preventive and educative.

The work of the Visitors, however, has been more onerous than usual because of the great amount of extra time given to immunisation against Anterior Poliomyelitis.

In addition to the attendance of Health Visitors at all the Chest Clinics and Paediatric Out-Patients, they are now also trying to attend the monthly "case reviews" at the local Mental Hospitals. We are very grateful to Dr. Mandelbrote and his staff for such co-operation. The "case reviews" are primarily for the Mental Health workers, but as many such cases come under the eye of the Health Visitor for the particular districts it is helpful both to her and the hospital staff to have her present.

**HOME HELPS.**

Reference has already been made to the small use made of this service by women confined in their own homes.

It is, however, interesting to note the increasing use made of it to the elderly and chronic sick. The Home Helps in supporting the work of the Domiciliary Nurses are doing a lot to make the position of old people a little more comfortable.

The considerable rise in the cost of this service, as shown in the tables, is due to the Health Committee's desire to extend the service to as many as possible, and the granting therefore of more hours to be worked by Home Helps during the year. All the Helps are part-time.

**DAY NURSERY.**

This is continued as a matter of policy, even though the numbers attending are so small. It is felt that with most of the children, their parents (usually the mother) would be greatly handicapped in life, as there is no alternative for the care of the child during the daytime.

At the same time, if the demand for such cases does not increase in the future, the Health Committee may reconsider its present policy.

**SECTION 22****Care of Mothers and Young Children**


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**REPORT ON WORK AT THE ANTE-NATAL AND POST-NATAL CLINICS  
AND INFANT WELFARE CENTRES.**
**ANTE-NATAL AND POST-NATAL CLINICS.**

No of sessions held per month	...	...	...	...	...	29
No. of new cases during the year (not including 462 post-natal)	...	...	...	...	...	1744
No. of attendances at ante-natal clinic	...	...	...	...	...	8273
No. of attendances at post-natal clinic	...	...	...	...	...	484
No. of women who attended during the year (not including 484 post-natal)	...	...	...	...	...	2278
No. of attendances by Midwifery students	...	...	...	...	...	624

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## INFANT WELFARE CENTRES.

No. of centres provided at end of year	...	...	...	...	...	9
No. of sessions now held per month at centres	...	...	...	...	...	32
No. of children who attended during the year and who were born in :—						
1957	...	...	...	...	...	752
1956	...	...	...	...	...	552
1955-52	...	...	...	...	...	279
Total No. of children who attended during the year	...	...	...	...	...	1583
No. of attendances during the year made by children who at the date of attendance were :—						
Under 1 year	...	...	...	...	...	10677
1 but under 2	...	...	...	...	...	2004
2 but under 5	...	...	...	...	...	796
Total attendances during the year	...	...	...	...	...	13477
No. of Doctors' consultations :—						
Children under 1 year	...	...	...	...	...	3295
Children over 1 year	...	...	...	...	...	466
No. of children immunised at centres	...	...	...	...	...	540
No. of injections given at centres	...	...	...	...	...	1637

# PUBLIC HEALTH LABORATORY WORK

The following Ante-Natal figures relate to all cases attending the City Clinics, and include all cases for domiciliary confinement in the City, together with all cases booked for the City Maternity Hospital, whether resident in the City or surrounding County.

## Ante-Natal Clinics

Blood, smears, etc. :—							
R.b.c. and Hb.	...	...	...	...	...	...	1864
Rhesus Factor	...	...	...	...	...	...	1573
Blood Group	...	...	...	...	...	...	1573
Kahn and W.R.	...	...	...	...	...	...	1578
Other Tests ...	...	...	...	...	...	...	72
Total							6660



PREMATURITY, STILLBIRTHS AND ABORTIONS

There were 29 premature live infants born at home. There were 19 stillbirths, of which 11 were under 5½ lbs.

Weight at Birth	PREMATURE LIVE BIRTHS						PREMATURE STILLBIRTHS		
	Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
3 lb. 4 oz. or less	1	1	—	—	—	—	3	1	—
Over 3 lb. 4 oz., up to and including 4 lb. 6 oz. ...	3	1	2	—	—	—	1	2	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ...	3	—	3	—	—	—	—	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ...	21	—	21	1	—	1	4	—	—
TOTALS ...	28	2	26	1	—	1	8	3	—

DENTAL TREATMENT

(a) Numbers provided with Dental Care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	218	148	89	33
Children under five ...	162	160	157	4

(b) Forms of Dental Treatment provided.

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetic	Dentures Provided		Radio graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ...	—	—	—	—	437	8	35	19	1
Children under 5	—	—	—	—	333	88	—	—	1

**DAY NURSERY****Attendances**

Nursery	Number of Approved Places		Number of Children on the Register at the end of the Year		Average Daily Attendance during the Year	
	Under 2	2-5	Under 2	2-5	Under 2	2-5
Bath Place ... ..	15	25	5	10	3	9

**MORAL WELFARE**

No. of cases sent to Mother and Baby Homes :—

Expectant Mothers	...	...	...	...	...	5
Post-Natal Cases...	...	...	...	...	...	1

**DISTRIBUTION OF WELFARE FOODS**

National Dried Milk	...	...	...	...	...	46119 tins
Cod Liver Oil	...	...	...	...	...	6669 bottles
A. and D. Vitamin Tablets	...	...	...	...	...	3820 packets
Orange Juice	...	...	...	...	...	68539 bottles





Other cases :—						
Deaths investigated	...	...	...	...	...	5
Stillbirths investigated	...	...	...	...	...	—
Houses inspected and reported	...	...	...	...	...	35
Infectious Diseases	...	...	...	...	...	1042
Tuberculosis	...	...	...	...	...	1187
Post-natal	...	...	...	...	...	52
Mental defectives	...	...	...	...	...	332
Hospital follow-ups	...	...	...	...	...	62
Aged people	...	...	...	...	...	580
Home help	...	...	...	...	...	633
Sundry	...	...	...	...	...	2269
Unsuccessful	...	...	...	...	...	2907
School Health Service	...	...	...	...	...	724
Total						9828
TOTAL NO. OF VISITS						27069

ATTENDANCES AT CLINICS, &C.						
Relaxation Classes	...	...	...	...	...	244
Infant Welfare	...	...	...	...	...	805
School Minor Ailments	...	...	...	...	...	507
School Medical Inspections	...	...	...	...	...	226
Schools Head Inspections	...	...	...	...	...	259
Tuberculosis	...	...	...	...	...	195
Immunisation and Vaccination	...	...	...	...	...	168
Hospital	...	...	...	...	...	85
Any other clinics, meetings, etc.	...	...	...	...	...	146
TOTAL						2635
Health Talks	...	...	...	...	...	232

SECTION 25

Home Nursing

(CARRIED OUT BY THE GLOUCESTER DISTRICT NURSING SOCIETY) :—

Number of cases attended during the year :—						
Medical	...	...	...	...	...	1323
Surgical	...	...	...	...	...	339
Infectious diseases	...	...	...	...	...	40
Tuberculosis	...	...	...	...	...	15
Maternal complications	...	...	...	...	...	73
Others	...	...	...	...	...	—
Total number of cases						1790
Number of cases on books at 1/1/57						297
" " " " " " 31/12/57						319

Visits paid to all patients :—

Number of Medical Visits	...	...	...	...	47844
„ „ Surgical Visits	...	...	...	...	9049
„ „ Infectious Diseases Visits	...	...	...	...	307
„ „ Tuberculosis Visits	...	...	...	...	679
„ „ Maternal Complications Visits	...	...	...	...	344
„ „ Other Visits	...	...	...	...	—
					—
Total number of visits	...	...	...	...	58223
					—
Number of Night Nursing Visits (included in above figures)	...	...	...	...	1064

SECTION 29

Domestic Help

No. of Domestic Helps employed at 31st December, 1957 :—

Whole-time	...	...	—
Part-time	...	...	43

No. of cases where Domestic Help was provided during the year :—

Maternity	...	...	35
Tuberculosis	...	...	11
Others :—			
Sickness	...	...	} 272
Old age	...	...	
			—
Total	...		318
			—

An analysis of the above figures shows :—

		PAYING CASES	FREE CASES	TOTAL
Maternity	...	35	—	35
Tuberculosis	...	6	5	11
Blind	...	1	5	6
Illness	...	31	7	38
Chronic sick and Old Age Pensioners	}	90	138	228
		—	—	—
TOTALS	...	163	155	318
		—	—	—

Cost of Service (1957–8) estimated	...	...	...	£9240
Recovered from Paying Cases (1957–8)	...	...	...	£950

Vaccination and Immunisation

- (a) SMALLPOX. Infant vaccination against Smallpox remains at approximately 10%. This level is slightly higher than when vaccination was compulsory, i.e. since 1948. There is still a strong feeling against vaccination in Gloucester; nevertheless, if a case of Asiatic Smallpox occurred locally, experience in other similar areas shows that there would be a rush for vaccination.
- (b) DIPHTHERIA. Immunisation against Diphtheria in the early years of life is slowly falling. As diseases get less common, so the fear of the diseases goes and parents become less willing to seek protection for their children. This is perhaps natural but not wise. Memories must be very short when it is pointed out that it was only in 1941 there were 438 cases of Diphtheria with 21 deaths; and even 1945, when there were no evacuated children in the City, there were 128 cases with 4 deaths.
- (c) WHOOPING COUGH. Only a small number of children relatively were immunised against this disease, which causes more subsequent ill-health than any other infectious disease. Unfortunately three injections are necessary, and it may be this which deters parents. Again, however, it is most likely that the disease is not one of the dramatically thrilling ones like Anterior Poliomyelitis is or Diphtheria used to be.
- (d) ANTERIOR POLIOMYELITIS. Immunisation against this disease, backed by a national campaign, has caught the imagination of the public. It hasn't been so much a question of persuading parents to have children immunised, but of saying regretfully that we haven't got enough material to do all who ask for it.

The Education Committee authorised extra staff to be employed in this campaign, but up to the end of the year it was only necessary to increase the services of a part-time clerk.

The response to the publicity we gave, both in the lay press and in talks at Parent-Teacher meetings, etc., was great.

By the end of December we had received material sufficient to deal with 3584 children; 2127 ehildren received 2 injections and 126 received one injection A heavy programme lies ahead of us in 1958.

1. Against Smallpox

Age at date of Vaccination ...	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	108	17	19	19	75	238
Number Re-Vaccinated ...	—	—	—	16	73	89

N.B.—There were no cases “ Specially Reported ” during 1957 as showing complications from Vaccination.

2. Against Tuberculosis

Number of Persons vaccinated under Contact Scheme ... .. 61



IMMUNISATION

Immunisation against Diphtheria in Relation to Child Population

Number of Children who had completed a full course of Immunisation at any time up to 31st December 1957

Age at 31.12.57 ... ..	Under 1	1-4	5-9	10-14	Total
i.e. Born in Year ... ..	1957	1956-1953	1952-1948	1948-1943	under 15
Last complete course of injections (whether primary or booster) ... ..	294	2052	3214	2398	7958
1951 or earlier ... ..	—	—	1673	2966	4639
Estimated mid year child population 1957	1140	4160	10400		15700
Immunity Index ... ..	25·8	49·3	53·9		50·7

N.B.—There were no notifications of Diphtheria in 1957.

SECTION 27

Ambulance Service

I give below the report of the Ambulance Officer, together with a statistical summary of the year's work in this service.

“ During the year 25895 calls were answered, showing a small decrease of 313 cases over 1956. Persons conveyed to and from the several hospitals were 26629, a decrease of 808 on the previous year, but the total of 130389 miles is an increase of 5082 over 1956.

Cases attending the several hospitals and clinics for treatment continues to be the major work of the Service. Although every endeavour is made to convey these cases so that they arrive on time for their appointments, and after treatment to reduce the waiting period at the hospitals before being conveyed back home, this is not always possible. It is hoped that the proposed suggestions of zoning now being considered, if found to be agreeable to the various hospital departments, will improve the position considerably.

There were 169 persons conveyed by rail to Hospitals and Convalescent Homes during the year, being 41 less than 1956. To the British Railways who continue to give complete co-operation whenever requested to make reservations for these journeys, and to the ready assistance of the volunteer ladies of the British Red Cross Society who act as Escorts, every credit must be given. I would mention that for ten years the voluntary escort duty has been undertaken by the ladies of the B.R.C.S., but for various reasons the number available for this duty has become less and arrangements have been made with the Nursing Division of the St. John's in this City, to help, and they have most readily agreed.

The Telephonists appointed in 1956 on a part-time basis, have now been engaged on full-time' whereby complete cover is now maintained at the Ambulance Control.

No additional staff has been engaged during the year. Two Driver-Attendants were appointed to fill two vacancies. All the personnel have passed their re-examination in First Aid, and in June 1957 a team of three Driver Attendants competed in the Local Authorities Ambulance Services Competition, (Western Region) and were placed fifth.

Two ambulance and two sitting case vehicles were replaced during the year and it will be necessary to replace two more sitting case vehicles during the coming year.

Radio Control is still the 'Hub' of the Ambulance Service, enabling the high standard of efficiency built over the years, to be maintained. On numerous occasions Emergency Calls have been received at the Ambulance Control, when there has not been a Driver-Attendant or an ambulance at the Station, but by the use of Radio Control, vehicles have been re-routed and the calls answered within minutes.

Civil Defence Training has continued throughout the year and a Course for Local Trained Instructors now being held should be completed by March 1958. It is then hoped that the training will be considerably expanded. The Station Superintendent qualified as a 'Full Instructor' at the Central School, Falfield, in July 1957.

The Hospital Car Service continues to be of great assistance and during the year covered 5890 miles conveying 173 cases.

Every precaution is taken to keep the costs of the Service within reasonable limits without lowering the high standard of efficiency which the Ambulance Service holds in this City."

1. Total Calls during the Year

VEHICLE					City	County	Over Hospital	Inter- Hospital	Other Author- ities	TOTALS
Ambulances	...	...	...	...	3146	1292	166	1003	8	5615
Cars	...	...	...	...	12532	6199	415	1119	15	20280
TOTALS	...	...	...	...	15678	7491	581	2122	23	25895

2. Total Mileage during the Year

VEHICLE					City	County	Over Hospital	Inter- Hospital	Other Author- ities	TOTALS
Ambulances	...	...	...	...	17790	13979	1386	10137	287	43579
Cars	...	...	...	...	36564	41315	3346	5243	342	86810
Totals	...	...	...	...	54354	55294	4732	15380	629	130389



Additional mileage in connection with the Welfare and Education Departments and transport work for the Hospital Management Committee and the Ambulance Service, is as follows :—

<i>Department.</i>	<u>1957</u>	<u>1956</u>
Welfare... ..	251	295
Hospital Management Committee	151	116
Hospital Welfare ... ..	—	17
Education ... ..	12	—
Ambulance Service ... ..	5171	5187
Total ...	<u>5585</u>	<u>5615</u>

<i>Omnibus Mileage.</i>		
Occupation Centre ... ..	11600	10104
Blind Persons ... ..	931	842
Disabled Persons ... ..	831	709
Totals ...	<u>13362</u>	<u>11655</u>

Children to Cheltenham Occupation Centre 3525

Mileage in respect of Civil Defence Training, Driving Instruction and Civil Defence Exercises for the year was :—

	AMBULANCES.	CARS.	TOTAL.
Driving Instruction ...	739	509	1248

### Summary of Cases for the Year.

	<u>1957</u>	<u>1956</u>
City Accidents ... ..	1220	1063
City Removals ... ..	14458	14935
County Accidents ... ..	342	342
County Removals ... ..	7149	7220
Over Hospital Cases ... ..	581	788
Inter Hospital ... ..	2122	1805
Other Authorities ... ..	23	55
Totals ...	<u>25895</u>	<u>26208</u>

	1957	1956
Total Mileage ... ..	130389	125307
Total Patients carried ... ..	26629	27437
Increase of Mileage over 1956 ... ..	5082	
Decrease of Cases on 1956 ... ..	313	
Decrease of Persons carried on 1956 ...	808	
Total vehicle journeys. Ambulance ...	3138	3111
Cars ... ..	4893	4950
Totals ...	8031	8061

3. Hospital Car Service

	1957	1956
Total Cases ... ..	173	253
Total Mileage ... ..	5890	8112
Decrease of Cases over 1956 ... ..	80	
Decrease of Mileage over 1956 ... ..	2222	

4. Cases Conveyed by Rail

	1957	1956
Total Cases conveyed by Train. Stretcher ...	17	20
Sitting ...	152	190
Totals ...	169	210

SECTION 28

Prevention of Illness, Care and After Care

TUBERCULOSIS

The deaths for tuberculosis (8) are the lowest ever recorded in one year in Gloucester. Furthermore, the notifications of new cases are the lowest since 1928, but in that year the deaths were 42.

The number of patients still on the Register remains about the same.

Dr. Knights, Senior Chest Physician, whose Report follows, has some interesting points to make on this subject. He also touches on what would appear to be now the two greater problems of Cancer of the Lung and Chronic Bronchitis. His report should be studied.



I would like to take this opportunity of saying how much the Housing Committee, and its Manager, Miss M. Morrison, have helped in the rehousing of families where cases of tuberculosis exist. Clearly, overcrowded conditions are bad for such patients, but more serious is the effect of the infectious tuberculous case on others in an overcrowded house. By seeing that a tuberculous case has at least a bedroom to him or herself, and the remainder of the family have adequate room, the Committee have done a great deal to lessen the spread of this disease. A reasonable comparison can be made with war time conditions of overcrowded houses, black-out, inadequate ventilation and so forth. As a result, figures for the whole country showed an alarming rise in the disease. By ameliorating these conditions a great improvement has been made.

I give the result of a survey made on the rehousing of 'families having a tuberculous problem,' All such cases are referred by the Housing Manager to me for recommendation, and in every case efforts have been made to adopt my recommendations without question and with remarkable promptitude.

In the problem of tuberculosis, the Health Committee has had the whole-hearted help of the Housing Committee.

Tuberculosis is given a first priority in rehousing in this City, subject to every case being referred to me. This is done so that a uniform standard can be applied.

In addition to such references from the Housing Manager, I am at liberty to investigate any case (e.g. from our notifications of the disease) and make a recommendation direct.

So that this privilege is not abused I have adopted four standards of priority based on the following circumstances :—

1. *Urgent.* Infectious patient, with no separate bedroom and/or young people or children at risk.
2. *Moderate.* (a) Infectious case with separate bedroom, or  
(b) Pulmonary case, non-infectious at present (e.g. post-Sanatorium or surgical treatment) or  
(c) Non-pulmonary non-infectious—which may relapse under bad or crowded home conditions, and/or where other older people are at risk.
3. *Slight.* (a) Never known to have been infectious, nor likely to be.  
(b) Cases recently removed from the Register by the Chest Physician as "cured."
4. *Nil.* (a) Removed from Register as "cured" over twelve months or more.  
(b) Where diagnosis of tuberculosis never established.  
(c) All cases who are adequately housed already, from a medical point of view.

The results are as follows :—

		<i>Recommended.</i>	<i>Rehoused.</i>
1952	Urgent	19	19
	Moderate	20	18
	Slight	13	11
	Nil	15	11
1953	Urgent	9	9
	Moderate	16	14
	Slight	12	7
	Nil	11	9
1954	Urgent	3	3
	Moderate	9	8
	Slight	2	2
	Nil	3	3
1955	Urgent	3	3
	Moderate	10	8
	Slight	5	2
	Nil	6	1
1956	Urgent	3	1
	Moderate	8	3
	Slight	4	—
	Nil	12	2
1957	Urgent	2	1
	Moderate	3	1
	Slight	—	—
	Nil	8	1

In nearly every 'urgent' case rehousing took place within a few months, the 'moderate' cases a little longer, but the 'slight' cases sometimes took a year or more.

You will observe that a few cases in the ‘ urgent ’ and ‘ moderate ’ groups are still not rehoused. There are, in fact, special reasons for these e.g. patient still in Sanatorium, or the house is shortly to be demolished in a Slum Clearance Scheme and to empty the house now might mean having to rehouse a second tenant from the same address.

REPORT BY F. J. D. KNIGHTS, M.D., M.R.C.P.

TABLE I.

*New City cases of Tuberculosis known to the Chest Clinic in 1957.*

Abdominal, Orthopaedic and Cervical glands	...	5
Primary and post-primary infection	... ..	13
Phthisis	... ..	45
		—
	TOTAL ...	63
		—

TABLE II.

*Incidence of new cases of phthisis in the Clinical Area (North Gloucestershire + City of Gloucester).*

1949	1950	1951	1952	1953	1954	1955	1956	1957
—	—	—	—	—	—	—	—	—
258	254	263	239	244	229	184	218	160

The Proportion of minimal cases in 1957 (22%) is almost exactly the same as in each of the previous six years.

CONTACT EXAMINATIONS.

Arising out of the 63 new notifications (Table I), 168 new contacts were examined. From the preliminary examinations one further case was discovered.

A total of 61 City Children were B.C.G. vaccinated under the Contact Scheme in 1957.

In the last three years marked changes have taken place both in the incidence and in the treatment of tuberculosis. It has not been easy to assess the minimum requirements of treatment of the individual patient to avoid, if possible, a prolonged illness, without incurring the risk of relapse. It has been equally difficult to assess the future requirements both for preventive measures and for curative institutions, and to avoid the dangers of a facile over-optimism with regard to tuberculosis which is a continuing, though diminishing, major public health problem.

A sustained fall in the cases of tuberculosis has taken place in recent years, the most remarkable change being the present comparative rarity of cases of acute phthisis among young women. This is presumably due to the better discovery and control of the older infectious case, as these young women have not yet been greatly influenced by the school B.C.G. vaccination campaign.

Accompanying the decline in the number of new cases there has been a decline, though much steeper, in the number of sanatorium beds required. These have been halved in recent years and used for other purposes. Fewer new cases, many fewer relapse cases and the present tendency to treat patients with much shorter bed rest and much longer ambulant chemotherapy have reduced the need for institutional accommodation.



So good are the results of long-term chemotherapy that the need for surgical treatment is now much less than formerly. In spite of all treatment however, there remains a hard core of cases who remain incurable, infectious, and disseminators of drug-resistant bacilli. Studies in other areas have shown among new cases of tuberculosis an incidence of up to 5% infected by such strains. Apart from the known infectors there still remain large numbers of unknown infectious cases who are so little worried by their symptoms or careless of them that they remain undiscovered, or if discovered, prefer inaction.

Modifications have been made in the use of Mass Radiography. Local factory surveys are now spaced out to once in two or three years. As is well known, Units from all over the Country, including our own, are deployed for short periods of highly-organised major surveys in the very big Northern cities with high tuberculosis incidence. In these cities the response, so far, thanks to the very intensive publicity and expensive inducements, has been excellent. This type of multi-unit drive is unlikely to be applicable to any of the towns in our area.

With the changing policy on the part of the Ministry of Health with regard to Mass Radiography, there has been the assumption that a good deal of the local work should be undertaken by static miniature camera units attached to the bigger hospitals. Unfortunately we have been quite unable to make use of such units which we have in this area as the local position with regard to radiographers is the same as the national position—their shortage means that the routine work of the hospital clinics is very seriously hampered and no developments can be envisaged.

The decreasing yield from Mass Radiography routine local surveys has rather led to discontinuing the facilities for people to have an annual chest x-ray. But the increasing and alarming incidence of lung cancer may well reverse this policy within a decade. The volunteer for Mass Radiography who is found to have a small but active tuberculous lesion may well expect these days to have successful treatment without cessation of work. But for the man in whom a small symptomless cancer is discovered much more is at stake—he will likely be within the small group to whom surgery can offer a real promise of cure. It is unfortunately true that many lung cancer cases who reach the hospital in the usual way cannot be rescued, as the symptoms of this disease are most insidious and masked by the habitual bronchial catarrh which is the portion of Britain's adults.

There have inevitably been changes of emphasis in the work of the Chest Clinics. The increasing lung cancer problem has necessitated more beds both for the rapid intensive investigation of suspicious cases and for the palliative treatment of inoperable cases. Many more beds have been made available for what have aptly been described as “slow-stream” patients. This refers especially to many cases of chronic bronchitis, asthma and pneumoconiosis, often complicated by heart failure, who are seriously disabled but can be helped very considerably by prolonged careful treatment. Such patients, and they exist in large numbers, need much longer treatment than can be afforded in the hard-pressed general hospital acute ward, and more intensive treatment of their special needs than can be found in the ordinary chronic ward, which is predominantly geriatric. These diseases mean nationally an immense loss of useful labour and, for the individual, weeks of ill-health that could be cut short by intensive help. It is difficult to modify atmospheric pollution and impossible to modify the British climate but a lot remains to be done to modify the climate of public and medical opinion in treating some of these diseases actively rather than enduring them passively.

Part 1.—Summary of Notifications of Tuberculosis during the period  
1st January to 31st December, 1957

AGE PERIODS			FORMAL NOTIFICATIONS													TOTAL (all ages)	
			Number of Primary Notifications of new cases of tuberculosis														
			0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-		
...	...	...	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-		
Respiratory, Males	...	...	—	—	1	—	—	1	3	5	5	6	7	2	1	31	
Respiratory, Females	...	...	—	—	—	1	2	4	3	3	2	5	3	1	—	24	
Non-Respiratory, Males	...	...	—	—	—	—	—	—	—	—	1	1	—	—	—	2	
Non-Respiratory, Females	...	...	—	—	2	—	1	1	—	1	—	—	—	—	—	5	

Part II.—New Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification

SOURCE OF INFORMATION		NUMBER OF CASES IN AGE GROUPS														TOTAL
		0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-		
Death Returns from Local Registrars	Respiratory	M	—	—	—	—	—	—	—	—	—	1	—	—	1	(A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	1	—	—	1	(C)
		F	—	—	—	—	—	—	—	—	1	—	—	—	1	(D)
Death Returns from Registrar General (Transferable deaths)	Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	(A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)
Posthumous Notifications	Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	(A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)
TOTALS																(A) ... 1
																(B) ... —
																(C) ... 1
																(D) ... 1

Number of Cases of Tuberculosis remaining on the Register of Notifications on 31st December, 1957

PULMONARY			NON-PULMONARY			TOTAL CASES
Males	Females	Total	Males	Females	Total	
302	277	579	35	40	75	654

Notifications, Deaths and Visits Made

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
New Cases ... ..	135	129	88	98	114	102	71	69	88	62
Deaths ... ..	54	27	33	32	19	16	18	12	10	8
Visits made by Health Visitors	1545	921	1161	1530	1770	1740	1593	1320	1310	1187

Bedding and Shelters on Loan to Tuberculosis Cases at 31-12-57

Mattresses ... ..	8
Blankets ... ..	70
Shelters ... ..	—
Bedsteads ... ..	7
Sheets ... ..	73
Pillows ... ..	6
Pillow Cases ... ..	4



Extra Nourishment

FREE MILK

Number in receipt of free milk at 31-12-56	...	...	12
Number in receipt of free milk at 31-12-57	...	..	39

RECUPERATIVE HOLIDAYS

Granted	...	...	...	...	...	...	12
Not granted	...	...	...	...	...	...	2

OTHER LABORATORY WORK

Suspected Food Poisoning or Dysenteries	...	...	...	2
Miscellaneous	...	...	...	5

SECTIONS 28 AND 51

Mental Health

LUNACY AND MENTAL TREATMENT

An act that was much appreciated was the invitation (extended by Dr. Mandelbrote) to our Mental Health Officers and Health Visitors to attend regularly at the Case Conference held monthly at Coney Hill Hospital. At these conferences, the clinical and social problems connected with patients admitted to hospital are discussed.

Contributions to the discussions are made by our staff, based on their knowledge of the social circumstances of the patients.

The exchange of views at these conferences is helpful to all concerned, not least in the way in which it encourages co-operation between Hospital and Local Authority staffs in dealing with the broader aspect of care of the patients.

ADMISSIONS TO HORTON ROAD AND CONEY HILL HOSPITALS :—

(a) CERTIFIED PATIENTS	...	...	...	...	...	1
(b) VOLUNTARY PATIENTS	...	...	...	...	...	161
(c) TEMPORARY PATIENTS	...	...	...	...	...	Nil
(d) THREE DAY ORDER PATIENTS			...	...	...	36
(e) MAGISTRATE'S ORDER—14 DAY PATIENTS	...	...				24

Other cases investigated but not admitted	...	...	17
---	-----	-----	----

MENTAL DEFICIENCY

The places available to the Gloucester Authority at Cheltenham Occupation Centre are always fully used.

The Centre is open from 9-15 a.m. to 3 p.m. daily during term time. This daily period of relief that the mothers of children attending get from the unceasing care and attention that children of this grade require, is a very real help, and is much appreciated.

The value of the Centre lies not only in giving relief to mothers. Visitors are struck by the emphasis that is put by Mrs. Halsall, the Supervisor, and her staff on training. The Centre is divided into Upper and Lower Schools, and children progress from class to class according to their acquirements as well as their age. The main emphasis of the teaching is on Social adaptation, but handicraft training and kindergarten work is also done.

This dynamic approach to the problem of the defective child, gives an air of vigour and purpose to the Centre which promotes the happiness and contentment of the patients, and helps the parents to realise that there are many things that a child incapable of benefitting from formal education in school, can usefully learn, and enjoy learning.

Patients under supervision in their own homes at 31/12/56	...	...	...	...	...	...	...	73
New cases notified during the year	...	...	...	...	...	...	...	5
								78

Admitted to Institutions	...	...	...	...	...	...	...	2
Died	...	...	...	...	...	...	...	2
Removed from Register	...	...	...	...	...	...	...	1
								5

Patients under supervision in their own homes at 31/12/57	...	...	...	...	...	...	...	73
---	-----	-----	-----	-----	-----	-----	-----	----

Number of above Patients attending Cheltenham Occupation Centre	...	...	...	...	...	...	...	21
---	-----	-----	-----	-----	-----	-----	-----	----

Number of Patients in "Places of Safety" awaiting admission to Institutions	...	...	...	...	...	...	...	1
---	-----	-----	-----	-----	-----	-----	-----	---

Patients awaiting admission to Institutions	...	...	...	...	...	...	...	5
---	-----	-----	-----	-----	-----	-----	-----	---

PATIENTS ON LICENCE FROM INSTITUTIONS :				Stoke Park Hospital		Hortham and Brentry Hospitals		Other Hospitals	
				M	F	M	F	M	F
Number on Licence	31/12/56	...	...	1	4	2	—	1	1
"	"	"	31/12/57	...	1	2	1	—	—

PATIENTS IN INSTITUTIONS :				<i>Stoke Park Hospital</i>		<i>Hortham and Brentry Hospitals</i>		<i>Other Hospitals</i>	
				M	F	M	F	M	F
Number at	31/12/56	...	...	25	33	14	2	6	2
„	„	31/12/57	...	25	32	13	2	6	2

# Section C.

## Infectious Diseases

Number of Notifications of Infectious Diseases from 1943 to 1957

DISEASE	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Smallpox ... ..	—	280	171	75	60	172	167	70	55	46	65	68	55	50	28
Scarlet Fever ... ..	188	162	128	99	34	14	2	1	—	1	—	—	—	—	—
Diphtheria ... ..	309	71	72	82	84	52	41	52	69	48	67	27	58	32	29
Pneumonia ... ..	100	—	—	2	6	2	3	*	*	*	*	*	*	*	*
Cerebro-Spinal Fever ... ..	3	*	*	*	*	*	*	1	3	2	1	—	—	1	4
Meningococcal Infection ... ..	*	—	—	—	14	1	4	*	*	*	*	*	*	*	*
Poliomyelitis or Polio. Encephalitis ... ..	—	*	*	*	*	*	*	2	—	4	2	—	9	—	5
" Paralytic ... ..	*	*	*	*	*	*	*	2	—	4	3	—	4	—	1
" Non-Paralytic ... ..	*	*	*	*	*	*	*	1	—	4	3	6	3	6	1
Dysentery ... ..	—	7	9	2	2	—	2	—	—	7	10	6	3	6	1
Ophthalmia Neonatorum ... ..	11	7	12	5	6	2	2	4	1	2†	2†	1†	4†	—	3†
Puerperal Pyrexia ... ..	27	21	9	15	8	10	10	5	13	21	30	22	18	20	26
Erysipelas ... ..	19	21	27	14	21	15	20	20	10	12	6	12	6	5	5
Enteric Fever (including Paratyphoid Fever) ... ..	—	3	1	5	—	1	—	*	*	*	*	*	*	*	*
" or Typhoid Fever ... ..	*	*	*	*	*	*	*	—	—	—	—	—	—	—	—
Paratyphoid Fever ... ..	*	*	*	*	*	*	*	—	1	1	—	1	—	—	—
Tuberculosis Respiratory ... ..	119	113	121	110	124	119	121	75	85	101	91	67	60	79	55
" Meninges and C.N.S....	*	*	*	*	*	*	*	*	*	*	*	*	*	*	1
" Other Forms ... ..	36	13	20	20	12	16	8	13	13	13	11	4	9	9	6
Measles ... ..	1170	133	640	22	863	480	327	1493	607	585	735	814	632	527	879
Whooping Cough ... ..	183	52	123	164	162	67	165	243	238	135	130	238	74	124	129
Acute Encephalitis Infective ... ..	*	*	*	*	*	*	*	—	1	—	—	—	—	—	—
" Post-Infectious ... ..	*	*	*	*	*	*	*	—	—	—	—	—	—	—	—
Food Poisoning ... ..	—	—	—	—	—	—	—	37	7	4	4	12	3	1	3

\*See different classification.

† Vision unimpaired.



Section D.

MEDICAL EXAMINATIONS OF CORPORATION EMPLOYEES

Children’s Department 10 ; City Architect’s Department 21 ; City Museum 2 ; City Surveyor’s Department 21 ; City Treasurer’s Department 6 ; Education Department 24 ; Entrants to Training Colleges 26 ; Health Department 10 ; Housing Department 5 ; Public Library 4 ; Town Clerk’s Department 3 ; Welfare Department 6 ; Other Authorities 10 ; Fire Brigade 8. Total = 156.

Section E.

National Assistance Act, 1948.  
The Blind Persons Act, 1938.

Total Blind Population  
1957.

TABLE I.

AGE PERIODS									TOTAL
0-1	1-4	5-15	16-20	21-39	40-49	50-64	65-69	Over 70	
—	—	1	1	8	14	42	10	85	161

TABLE II.  
AGES AT WHICH BLINDNESS OCCURRED.

0-1	1-4	5-10	11-20	21-29	30-39	40-49	50-59	60-69	Over 70
13	5	6	2	14	10	15	20	17	59

RETROLENTAL FIBROPLASIA.

No new case was notified under this heading during the year.

Work under Sections 29, 30, 47 and 37 to 40 of the National Assistance Act, 1948, continues on much the same lines as before.

BLIND. In connection with the Blind and Partially Sighted, the Home Teacher has started a special weekly meeting for those Deaf and Blind persons who can be brought to Palmers Hall. The Home Teacher now has made arrangements for a greater use of the Women's Institute Stall in the Market for the sale of articles made at the Handicraft classes. We are much indebted to this organisation for the free use of their stall in this way.

The Blind Coffee Club (Chairman Mr. W. H. Brown) flourishes and leads a most active life. Apart from having a skittles team (and now a cup has been presented for the person totalling the best score), the Club has several Outings in the summer and in the winter obtained the services of many distinguished speakers. This Club is an excellent example of people helping themselves, and they are rightly independent in spirit and action.

I give below the Home Teacher's report in which, amongst other things, she rightly thanks her many voluntary helpers.

DEAF. There have been no new developments during the year, and work goes on satisfactorily.

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### The Home Teacher of the Blind reports as follows :—

#### REGISTRATION.

On December 31st there was a total of 161 registered blind persons in the City of Gloucester—67 males and 94 females, a total increase of 15 over the previous year. In two cases, operative treatment was refused and one patient declined registration after notification. Efforts made to see that treatment, when recommended, was carried out, were generally successful.

The partially-sighted register contained the names of 19 persons suffering from very bad sight and threatened with blindness—9 males and 10 females, two less than last year.

#### EMPLOYMENT.

It is of interest to note that apart from one Home Worker (a basket-maker under the Bristol scheme) there were 19 persons fully employed in varying occupations—1 Typist, 1 Shopkeeper, 10 Factory Operatives, 2 Labourers, 1 Physiotherapist, 1 Porter, 1 Telephone Operator, 1 Air Ministry Training Officer, and 1 Factory Cloakroom Attendant. In addition there were, of course, busy housewives and others engaged in pastime handicraft work. There was a girl of 18 in training for shorthand and typing at the Royal Normal College for the Blind and a girl of 10 attending the Exeter School for the Partially-Sighted.

In accordance with the provisions of the Disabled Persons' Employment Act of 1944, the names of 21 had been placed on the Ministry's register of disabled persons. Not all eligible are willing to do this.

The number of physically defective, mentally defective and those disordered, deaf with speech, deaf without speech, and hard of hearing blind persons was 54, i.e. 22 males and 32 females. These patients presented many problems.

#### HOME VISITING AND TEACHING, ETC.

Approximately 2,150 visits were paid during the year under review. The increased number was, of course, due to the very welcome appointment of Miss G. Holloway as qualified Home Teacher, who commenced her duties on 1st September, 1957. I feel sure that Miss Holloway will be very happy and am confident that her efficient service to individual blind persons in her part of the City will be greatly appreciated. Only the specialised help of trained and qualified Home Teachers of the blind can serve to solve the many personal problems and anxieties caused by blindness or failing sight. Every newly blind person is a challenge to a Home Teacher.

Approximately 100 lessons were given in embossed types and about 180 individual handicraft lessons. 110 Handicraft Classes were held at Palmers Hall. The articles produced were generally saleable and the handicraft section of the work remained self-supporting and enabled several social activities to be paid for from the handicraft account. These included an outing to Cheddar and Weston-super-Mare on June 9th, and a Christmas Party. Nearly £50 was raised at a sale of work opened by



His Worship the Mayor, Councillor Gordon Payne on Saturday, October 27th. The use of the Womens' Institute market stall on one day a month has been successful, in that it provided a means of disposing of some of our finished articles.

The 1957 Bristol Show for Blind Gardeners was the main event for August. A coach party of our people spent a most enjoyable day and a gratifying number of prizes in the handicraft and domestic science sections came to Gloucester City. The Show was officially opened by Miss Mary Berryman, (Mrs. Doris Archer of the radio programme).

Other social activities included outings, parties, socials, games, percussion groups, etc.

Grants made to individual blind persons by Charities, including the Royal Blind Pension Society, Blind Man's Friend, etc., were again greatly appreciated by the recipients.

A number of new radio sets from the Wireless for the Blind Fund were received early in the year, enabling all reasonable requirements to be met. Throughout the year the City Voluntary Society for the Blind maintained and serviced all receivers used by blind people in the City. Nearly half the total number of blind persons now own or use television sets.

#### LIBRARY SERVICES.

The National Library for the Blind and the Talking Book Library continued to provide excellent service for 15 members. There was also complete co-operation with the postal services.

I have much pleasure in recording that the workpeople and staff of Messrs. W. T. Nicholls Ltd. presented this department with another Talking Book Machine. This is the second machine they have provided in just under three years. We still have a short waiting list for machines.

#### HOLIDAYS.

The Guest House for the Blind at Burnham-on-Sea, Somerset, which belongs to the Cardiff Institution for the Blind; the small bungalow at Clevedon; Glynn Vivian, Swansea and "The Rest", Southerndown helped to solve holidays problems. In about six cases fees were paid by a holiday trust fund.

The City Voluntary Association for the blind, under the Chairmanship of Alderman Harry Cole, assisted with refreshment costs for persons attending classes and clubs. This help was greatly appreciated.

Carefully chosen sick visitors continued to give valuable service to a number of blind invalids. There was no fuss or over-organising.

Again, members of the Norton Women's Institute handed in about 14 dozen eggs at Easter. These were distributed to sick blind people and were gratefully acknowledged.

Outside ordinary routine work, six talks and demonstrations were given to organisations, including the Domestic Science College, Townswomen's Guild, Toc H. and others.

On behalf of our blind readers I would acknowledge the braille magazines provided. They include "Hampsted," "Madam," "Progress," "Home Help" and "The Moon Magazine."

The week-end school arranged by the Western Regional Association for the Blind and held at Weston-super-Mare in May was very enjoyable and beneficial in every way. Also the Conference at Taunton on the "Pierce" Report, held on October 29th, was very stimulating.

In conclusion, may I express sincere gratitude for the help and co-operation of National, Regional and Voluntary organisations and of all individuals (too numerous to mention) whose assistance plays so great a part in the daily work of a home teacher of the blind.

### National Assistance Act, 1948.

During the year it was only necessary to take action under Section 47 for the compulsory removal of one person who was unable to look after herself.



## Section F.

### Sanitary Circumstances of the Area

I give below a report from the Chief Public Health Inspector :

“ I beg to report on the work carried out by the Public Health Inspectors during the year 1957.

Throughout the greater part of the year we were two Inspectors short but after 9 months we were able to bring up the establishment to full strength with the appointment of Mr. R. E. Workman and Mr. R. A. Ostler. We welcome both and hope their stay in Gloucester will be a long and happy one.

After a slight lull, work on Slum Clearance was speeded up and by the end of the year we were up-to-date on the original five year slum clearance programme. Apart from the two clearance areas in Albany Street and Mill Street, our attentions were confined to the Kingsholm area and it is fully expected that all the representations for the houses in this area will be completed within the first three years of the five year programme.

The controversial Rent Act of 1957 brought less work to the Public Health Inspectors than was anticipated and by the end of the year only 65 applications from tenants for Certificates of Disrepair had been received. Perhaps the numerous and somewhat complicated forms involved, rather frightened the average tenant. This ought not to be as advice to both tenants and owners is readily available from many quarters, including of course the Public Health Inspectors. I have one criticism of the procedure laid down in the Act and that concerns the original notice (Form G) from the tenant to the landlord which lists the defects which the tenant considers ought to be remedied before any increase in rent is paid. I feel that this notice should be completed by the Public Health Inspector and authorised by the local authority as was the case under the Housing Repairs and Rents Act, 1954.

The remainder of the work was largely of a routine nature but there is no doubt that these regular visits of the Public Health Inspectors to food premises do far more for the improvement of hygienic conditions than do formal lectures to food handlers. The knowledge that an Inspector might call at any time does tend to keep the management and staff up to scratch and with a full inspectorial staff these routine visits will be more frequent.”

The following is a summary of the inspections made during the year 1957.

#### PUBLIC HEALTH ACT.

Dwelling Houses — on complaint	...	...	...	527
Moveable Dwellings	...	...	...	34
Offensive Trades	...	...	...	9
Workplaces	...	...	...	3
Schools	...	...	...	5
Smoke Observations	...	...	...	58
Stables and Piggeries	...	...	...	3
Theatres, Cinemas, Fairs, etc.	...	...	...	12
Public Sanitary Conveniences	...	...	...	393
Common Lodging Houses	...	...	...	19
Verminous Premises	...	...	...	17
Drain Tests	...	...	...	40
Re-Visits	...	...	...	975
Work in Progress	...	...	...	170

#### HOUSING ACT.

Houses Inspected	...	...	...	210
Basement Dwellings	...	...	...	4
Houses Let in Lodgings	...	...	...	3
Overcrowding	...	...	...	8
Re-Visits	...	...	...	408

## FOOD AND DRUGS ACT.

Bakehouses ... ..	40
Dairies ... ..	67
Ice Cream Premises ... ..	5
Restaurants, Cafes, Kitchens, etc. ... ..	74
Hotels and Beer Houses ... ..	23
Fish Shops and Fish Friers ... ..	25
Markets and Food Stalls ... ..	32
Food Preparation and Storage Premises ... ..	127
Butchers Shops ... ..	91
Food Shops ... ..	286
Food Vehicles ... ..	19
Samples — Bacteriological ... ..	71
Food and Drugs Samples — Formal ... ..	63
Informal ... ..	13

## FATORIES ACT.

Factories Power ... ..	122
Non-Power ... ..	12
Outworkers ... ..	—

## PORT HEALTH.

Vessels — Foreign Going ... ..	124
Coastwise ... ..	4
Rodent Control ... ..	24

## OTHER.

Shops Act ... ..	10
Pet Animals Act ... ..	2
Rag Flock Act ... ..	—
Rodent Control — Dwelling Houses ... ..	80
Business Premises ... ..	49
Others ... ..	34
Noise Nuisances ... ..	47
Infectious Disease Inquiries ... ..	3
Food Poisoning Inquiries ... ..	3
Slaughterhouses ... ..	1757
Miscellaneous ... ..	633
Merchandise Marks Act ... ..	62

The following is a summary of the notices served and complied with during 1957 (together with outstanding notices complied with).

	Served	Complied with
Informal ... ..	279	220
Statutory, Public Health Act ... ..	16	25
„ Housing Act ... ..	3	—
Factories, Power ... ..	8	3
Factories, Non-Power ... ..	—	—
Other Premises ... ..	1	—
Gloucester Corporation Act ... ..	24	25

HOUSING—1957

CLEARANCE AREAS CONFIRMED PREVIOUSLY.

Title of Order	Clearance Area Nos.	No. of Houses in Order	No. of Persons Rehoused during 1957	No. of Houses Demolished during 1957
City of Gloucester				
(Kingsholm) (No. 1) C.P.O., 1955	90, 91, 92, 93, 94	37	79	—
(Kingsholm) (No. 2) C.P.O., 1956	95	22	18	22
(Kingsholm) (No. 3) C.P.O., 1956	97, 98	31	58	27
(Area No. 96) (The Knapp) Clearance Order, 1956 ...	96	7	3	7
(Area No. 99) (Upper Rea) Clearance Order, 1956 ...	99	4	8	—
(Area No. 100 (St. Catherine Street) (No. 1) Clearance Order, 1956 ... ..	100	2	8	—
(Area No. 101) (St. Catherine Street) (No. 2) Clearance Order, 1956 ... ..	101	5	5	—
(Area No. 102) (Longsmith Street) Clearance Order, 1956 ... ..	102	5	7	—
(Areas Nos. 103 and 104) (Westgate Street) Clear- ance Order, 1956... ..	103, 104	5	14	5

CLEARANCE AREAS CONFIRMED DURING 1957

(Kingsholm) (No. 4) C.P.O., 1957 ... ..	105	16	5	—
(Area No. 106) (Mill Street) Clearance Order, 1957 ...	106	9	—	—
(Area No. 107) (Albany Street) Clearance Order, 1957 ... ..	107	8	8	—

DEMOLITION AND CLOSING ORDERS.  
Housing Act, 1957.

	Houses	Number of Persons displaced
1. Houses demolished as a result of formal or in- formal procedure under Section 17 (1) ...	4	6
2. Closing Orders made under Sections 16 (4), 17 (1) and 35 (1) ... ..	—	—
3. Closing Orders made under Sections 17 (3) and 26	—	—
4. Parts of buildings closed under Section 18 ...	—	—



REPAIRS.

Housing Act, 1957.

Number of houses made fit after service of formal notices (Section 9, 10 and 16).

(a)	by owners	...	...	...	...	...	Nil
(b)	by local authority in default of owners	...	...	...	...	...	Nil

VERMINOUS PREMISES

Number of houses disinfested ... .. 26

All disinfestations were carried out with D.D.T. or B.H.C. compounds.

OFFENSIVE TRADES

The following Offensive Trades were carried on in the City at the end of the year: —

Dealers in rags, bones and rabbit skins	...	...	...	...	...	...	2
Dealers in hides, skins, etc.	...	...	...	...	...	...	1
Tripe Boilers	...	...	...	...	...	...	1
Tallow and Fat Melters	...	...	...	...	...	...	1
Number of Inspections made of above premises	...	...	...	...	...	...	9

COMMON LODGING-HOUSES

No on register	...	...	...	...	...	...	3
No. of rooms registered for sleeping	...	...	...	...	...	...	24
Permitted number of lodgers	...	...	...	...	...	...	131
No. of Inspections	...	...	...	...	...	...	19

RODENT CONTROL

TYPES OF PROPERTY.

	Local Authority	Dwelling Houses	Agr.	All Other (including business) Premises	TOTAL
Number of Properties inspected as a result of:—					
(a) Notification	24	214	—	70	308
(b) Survey or otherwise	15	77	8	42	134
Number of properties inspected which were found to be infested by rats	19	178	8	59	256
Number of properties inspected which were found to be infested by mice	20	105	—	170	175

**FACTORIES ACT, 1937.**  
**PART I OF THE ACT.**

1.—**INSPECTIONS** for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority ... ..	57	12	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	325	122	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	2	—	—	—
TOTAL ... ..	384	134	—	—

2.—**CASES IN WHICH DEFECTS WERE FOUND.**

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	—	—	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)...	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	—	1	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ... ..	1	—	—	—	—
(b) Unsuitable or defective	7	2	—	4	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ... ..	2	2	—	—	—
TOTAL ...	10	5	—	4	—

**OUTWORK.**  
**PART VIII OF THE ACT (Sections 110 and 111).**

Nature of Work	Section 110			Section 111		Prosecutions
	No. of out-workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	
Wearing apparel Making, etc. ...	10	—	—	—	—	—
Cleaning and washing ...	—	—	—	—	—	—
TOTAL ... ..	10	—	—	—	—	—

Section G.

Inspection and Supervision of Food

Type of Premises.								Number
REGISTERED OR LICENSED FOOD PREMISES.								
Dairies	...	...	...	...	...	...	...	8
Distributors of Milk	...	...	...	...	...	...	...	64
Tuberculin Tested Milk.								
Dealers' Licences	...	...	...	...	...	...	...	58
Supplementary Licences	...	...	...	...	...	...	...	1
Pasteurised Milk.								
Pasteurisers' Licences	...	...	...	...	...	...	...	2
Dealers' Licences	...	...	...	...	...	...	...	85
Supplementary Licences	...	...	...	...	...	...	...	—
Ice Cream.								
Manufacturers — Hot Mix		...	...	...	...	...	...	3
Cold Mix		...	...	...	...	...	...	1
Vendors	...	...	...	...	...	...	...	212
Preserved Meat	...	...	...	...	...	...	...	33
Butter Factories and Margarine								
Wholesale Dealers	...	...	...	...	...	...	...	12
OTHER FOOD PREMISES.								
Bakehouses	...	...	...	...	...	...	...	17
Butchers' Shops	...	...	...	...	...	...	...	69
Cafes, Restaurants and Canteens		...	...	...	...	...	...	87
Wet and Fried Fish Shops		...	...	...	...	...	...	39
General Food Shops	...	...	...	...	...	...	...	318
Public Houses	...	...	...	...	...	...	...	123
Wholesale Premises	...	...	...	...	...	...	...	23
Food Factories	...	...	...	...	...	...	...	18

THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949 and THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

The results of samples of milk taken under the above regulations were as follows :—

DESIGNATION	Methylene Blue Test		Phosphatase Test		Biological Examinations (for Tuberculosis)	
	Satisfactory	Un-satisfactory	Satisfactory	Un-satisfactory	Positive	Negative
Tuberculin Tested ...	—	—	—	—	—	—
Tuberculin Tested (Pasteurised) ...	12	—	13	—	—	—
Pasteurised ...	43	—	48	—	—	—
Non-designated ...	3	—	—	—	—	—
TOTAL ...	58	—	61	—	—	—



CARCASES INSPECTED AND CONDEMNED DURING THE YEAR 1957.

	Cattle exclusing Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed and inspected ... ..	4052	225	1610	10584	11321
<i>All Diseases except Tuberculosis.</i>					
Whole Carcases condemned ... ..	—	—	5	3	11
Carcases of which some part or organ was condemned ... ..	831	23	4	228	256
Percentage of the number inspected affected with disease other than Tuberculosis ... ..	20·5	10·2	0·5	2·2	2·4
<i>Tuberculosis only.</i>					
Whole carcasses condemned ... ..	3	2	—	—	3
Carcases of which some part or organ was condemned ... ..	126	4	3	—	223
Percentage of the number inspected affected with Tuberculosis ...	3·2	2·7	0·2	—	2·0

TOTAL WEIGHT OF UNSOUND FOOD DEALT WITH

	Tons.	Cwts.	Qrs.	Lb.
Meat and Offals ... ..	11	5	1	20
Other Foods ... ..	4	15	0	1
	16	0	1	21

DISPOSAL OF UNSOUND FOOD

All unsound meat was disposed of within the City, being converted into fertiliser, etc., by a process of steam sterilisation. All other unsound foods were disposed of by burial on the Corporation's controlled refuse tip.

SLAUGHTER-HOUSES

No. of Licensed Slaughterhouses in the City—	...	4
No. of visits to Slaughterhouses for inspection of		
Carcases	... ..	1858

FOOD AND DRUGS ACT, 1938.

The number of samples taken for analysis during the year was as follows :—

Year	Number taken	Satisfactory		Unsatisfactory	
		Formal	Informal	Formal	Informal
1957	79	50	26	2	1

ICE CREAM

The number of samples taken for analysis during the year was as follows :—

Year	Number Taken	Grade I	Grade II	Grade III	Grade IV
1957	4	1	2	—	1

FOOD POISONING

Total number of outbreaks	...	...	...	Nil
Number of cases	...	...	...	3
Number of deaths	...	...	...	Nil
Organisms responsible	...	...	...	Not identified.
Food involved	...	...	...	Not identified.

PROSECUTIONS

FOOD AND DRUGS ACT, 1955					
Adulterated Hot Milk	...	...	...	Fined £3 and costs.	
” ” ”	...	...	...	Fined £10 and costs.	





SECTION III—CHARACTER OF SHIPPING AND TRADE DURING THE YEAR.

TABLE C.

No change.

SECTION IV—INLAND BARGE TRAFFIC.

The main traffic is with petrol, timber and grain to Worcester and Stourport.

SECTION V—WATER SUPPLY.

No change.

SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS, 1952.

No change.

SECTION VII—SMALLPOX.

No change.

SECTION VIII—VENEREAL DISEASES.

No change.

SECTION IX—CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS.  
Nil.

SECTION X—OBSERVATIONS ON THE OCCURRENCE OF MALARIA ON SHIPS.  
Nil.

SECTION XI—MEASURES TAKEN AGAINST SHIPS WITH OR SUSPECTED OF PLAGUE.  
Nil.

SECTION XII—MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS.

Ships and warehouses in Gloucester Docks and ships in Sharpness Docks are kept under the supervision of the City Pests Officer.

Bacteriological and pathological examination of rodents is carried out at the Gloucestershire Royal Hospital (Royal Infirmary).

*Rodents destroyed in the year from foreign ports.*      TABLE E.

Category					Number
Black rats	...	...	...	...	—
Brown rats	...	...	...	...	—
Species not known	...	...	...	...	—
Sent for examination	...	...	...	...	—
Infected with plague	...	...	...	...	—



Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.

TABLE F.

No. of Deratting Certificates issued					Number of Deratting Exemption Certificates issued	Total Certificates issued
After Fumigation with		After trapping	After poisoning	Total		
HCN 1	Other Fumigant (state method) 2				3	4
Nil	Nil	Nil	Nil	Nil	19	19

SECTION XIII—INSPECTION OF SHIPS FOR NUISANCES.      TABLE G.  
*Inspections and Notices.*

Nature and number of inspections						Notices served		Result of serving Notice
						Statutory	Others	
British	...	...	...	...	27	—	—	
Foreign	...	...	...	...	166	—	—	
TOTAL	...	...	...	...	183	—	—	

## Section I.

### School Health Service

#### EDUCATION COMMITTEE

1956-57

*Chairman :*

ALDERMAN MRS. M. L. EDWARDS

*Vice-Chairman :*

COUNCILLOR A. H. GEORGE

*Members :*

THE MAYOR (*ex officio*)

Alderman T. HANNAM-CLARK

„ G. A. H. MATTHEWS

„ E. J. LANGDON

„ W. J. SMITH

Councillor R. E. GRAHAM

„ H. M. G. ROWE

„ MRS. L. R. LANGDON

„ M. C. BYE

„ A. V. STIRLAND

„ MRS. F. E. FITCH

„ C. COLLINS

„ I. C. PRITCHARD

REV. K. F. EVANS-PROSSER

REV. W. G. E. QUICKE

REV. CANON M. J. ROCHE

MR. P. W. ROBINSON, B.Sc.

MR. L. A. BUTTLING

MR. A. E. HANCOX

MRS. M. TAYLOR

#### EDUCATION COMMITTEE

1957-58

*Chairman :*

ALDERMAN MRS. M. L. EDWARDS

*Vice-Chairman :*

COUNCILLOR A. H. GEORGE

*Members :*

THE MAYOR (*ex officio*)

Alderman T. Hannam-CLARK

„ G. A. H. MATTHEWS

„ W. J. SMITH

„ E. J. LANGDON

Councillor MRS. L. R. LANGDON

„ H. M. G. ROWE

„ MRS. F. E. FITCH

„ F. DAVENPORT

„ C. COLLINS

„ I. C. PRITCHARD

„ W. J. LEWIS

„ MRS. V. E. PRICE

REV. K. F. EVANS-PROSSER

REV. W. G. E. QUICKE

REV. CANON M. J. ROCHE

MR. P. W. ROBINSON, B.Sc.

MR. L. A. BUTTLING

MR. A. E. HANCOX

MRS. M. TAYLOR.

Madam Chairman, Ladies and Gentlemen,

I have pleasure in presenting herewith my Annual Report for 1957.

The chief impression to be gained in working in the School Health Service in recent years, is of the continuing improvement in the general physical condition, nutrition, and health of the school child. This has been, naturally enough, a gradual process, and it is easy, therefore, to underestimate the amount of improvement that has been wrought. It is, however, exceedingly uncommon nowadays to come across a child, at a medical inspection, who is suffering from manifest disease, and very rare indeed to find that this disease has not been previously discovered and treated, through some branch of the Health Service. Thanks to the improvement in the general standard of living in the community, and more particularly perhaps to the School Meals Service, problems of child nutrition are, too, almost non-existent in schools now.

This state of affairs is, unreservedly, a matter for congratulation ; but it does provoke, at the same time, some speculation on whether the medical and nursing staffs are most fruitfully employed in conducting School Medical Inspections to the present schedule.

There is still plenty of medical work to be done for the betterment of the health of the school child ; but to be done effectively, a shift in emphasis and some redirection of effort towards positive measures for the promotion of health may be necessary. This is a matter that is being looked into at present.

I should like to comment again on the cordial relationships that exist between the staffs of the Education Officer and this department.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient Servant,

CHARLES COOKSON,

*Principal School Medical Officer.*

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## STATISTICS.

Population of Gloucester	...	...	...	...	67,850
School Population	...	...	...	...	12,745

## Distribution of School population :—

				<i>No.</i>	<i>No. on Rolls.</i>
A. Primary Schools	...	...	...	33	7,660
B. Secondary Schools	...	...	...	13	4,862
C. Special Schools	...	...	...	3	223

## MEDICAL INSPECTIONS.

Details of Special Inspections and Re-inspections will be found in Tables which follow.

## Examinations of children for—

(a) Fitness for employment	...	...	...	258
(b) Ascertainment and educational subnormality				38

## Examinations of candidates for—

(a) Teachers' Training Colleges	...	...	...	27
(b) Posts in Education Department	...	...	...	24

## INFESTATION WITH VERMIN.

I am glad to report that there is a further slight fall in the percentage of individual pupils found to be infested. The figure, however, is still far too high, and greater efforts will be made by the School Nurses to help the Teachers in reducing it considerably.

<i>Year</i>	<i>Total No. of pupils examined</i>	<i>Total No. of pupils infested</i>	<i>Percentage</i>
1940	16,657	1,813	10.9
1941	13,633	1,555	11.4
1942	19,551	2,085	10.7
1943	18,632	2,302	12.4
1944	17,729	2,296	13
1945	15,168	2,603	17.1
1946	20,073	2,477	12.3
1947	20,638	2,746	13.3
1948	23,282	2,810	12.1
1949	26,497	2,822	10.7
1950	19,215	1,819	9.5
1951	16,817	1,011	6
1952	24,537	1,262	5.1
1953	25,076	964	3.8
1954	23,984	887	3.7
1955	24,512	878	3.6
1956	28,116	911	3.2
1957	30,103	614	2.0

MASS RADIOGRAPHY.

Detail of children examined during the year by Mass Miniature Radiography are as follows :—

	Male	Female	Total
Miniature Films ... ..	428	659	1087
Large Films—			
Total Recalled ... ..	8	4	12
Did not attend ... ..	—	—	—
Normal ... ..	6	2	8
Significant ... ..	2	2	4
Being investigated ... ..	—	—	—

	Male	Female	Total
NON-TUBERCULOUS CASES			
Abnormality of the Diaphragm ...	1	—	1
Congenital Cardiac Lesion ...	1	—	1
Pulmonary Fibrosis ... ..	—	1	1
INACTIVE TUBERCULOSIS ... ..	—	1	1

MANTOUX TESTING AND B.C.G. VACCINATION.

This work continues amongst “contact” or suspected cases, the Chest Physicians being responsible for the work.

HANDICAPPED CHILDREN.

1. *Deaf and Blind.*

There are 9 children at special schools for the deaf or partially deaf, 3 at schools for the partially blind and 1 at a school for the blind.

2. *Delicate Children.*

The Open Air School remains full. There were 24 admissions during the year.  
1 child at Residential School.

3. *Epileptics.*

Excluding the educationally sub-normal, there is 1 child in a special school for epileptics.

Those who were in ordinary schools and held their places, without detriment to themselves or others last year, are still there.

4. *Educationally Sub-Normal*, 18.

5. *Physically Handicapped*, 10.

6. *Maladjusted*, 5.

DENTAL SURGERY.

The Principal Dental Officer reports as follows :—

The year ending December 1957 differs little from the previous year though it has been found impossible to carry out a larger number of Routine Dental Inspections in the Schools.

It has been the policy of the School Dental Service to concentrate mainly on the lower age groups as far as Inspections and conservative treatment is concerned, though emergency treatment, mainly for the relief of pain, is extended to all age groups.

At the end of the year, Mrs. Shepherd our second full-time Dental Attendant resigned, and some difficulty was experienced in replacing her as two applicants who were, sequentially, engaged both withdrew shortly after being appointed. At the moment of writing the post has been happily and satisfactorily filled by the appointment of Miss G. A. Halls.

MEDICAL INSPECTION AND TREATMENT

Medical inspection of Pupils attending Maintained Primary and Secondary Schools.

TABLE I.

A.—PERIODIC MEDICAL INSPECTIONS.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS :—						
Entrants ...	...	...	...	...	...	1086
Second Age Group	...	...	...	...	...	993
Third Age Group...	...	...	...	...	...	1332
TOTAL	...	...	...	...	...	3411
No. of OTHER PERIODIC INSPECTIONS	...	...	...	...	...	—
GRAND TOTAL	...	...	...	...	...	3411

B.—OTHER INSPECTIONS

No. of Special Inspections...	...	...	...	...	...	1965
No. of Re-Inspections	...	...	...	...	...	121
TOTAL	...	...	...	...	...	2086



C.—PUPILS FOUND TO REQUIRE TREATMENT :—

GROUP 1	For defective vision (excluding squint) 2	For any of the other conditions recorded in Table III. 3	Total individual pupils 4
Entrants ... ..	94	58	162
Second Age group ...	79	25	104
Third Age group ...	74	86	110
Total (prescribed groups)	247	169	376
Other Periodic Inspections ...	—	—	—
GRAND TOTAL ...	247	169	376

D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Group	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1	2	3	4	5	6
Entrants ... ..	1086	1086	100%	—	—
Second age group ... ..	993	993	100%	—	—
Third age group ... ..	1332	1332	100%	—	—
Other periodic Inspections ...	—	—	—	—	—
Total ... ..	3411	3411	100%	—	—

TABLE II.

INFESTATION WITH VERMIN

- (i) Total number of examinations in the schools by the school nurse or other authorised persons ... ..

(ii) Total number of individual pupils examined ... ..

(iii) Total number of individual pupils found to be infested ... ..

(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ... ..

(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) ... ..
- 30103

614

—

—

The numbers recorded above relate to individual pupils and not to instances of infestation.

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1957.

## A.—PERIODIC INSPECTIONS.

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring treatment	Requiring observation
		Requiring treatment	Requiring observation	Requiring treatment	Requiring observation		
4	Skin ...	4	23	3	17	9	52
5	Eyes—						
	(a) Vision ...	68	68	60	283	187	450
	(b) Squint ...	17	18	—	2	18	41
	(c) Other ...	—	2	3	6	4	11
6	Ear—						
	(a) Hearing ...	2	13	—	9	2	25
	(b) Otitis Media	3	5	2	5	5	11
	(c) Other ...	—	3	1	6	2	10
7	Nose or Throat ...	20	55	—	30	26	107
8	Speech ...	2	6	3	4	7	13
9	Lymphatic glands...	—	6	—	3	—	12
10	Heart ...	1	6	1	7	3	17
11	Lungs ...	3	50	2	18	5	85
12	Developmental—						
	(a) Hernia ...	2	25	—	5	3	46
	(b) Other ...	—	9	—	9	—	19
13	Orthopædic—						
	(a) Posture ...	1	9	6	30	11	49
	(b) Feet ...	—	17	3	73	4	105
	(c) Other ...	1	11	7	10	11	31
14	Nervous system—						
	(a) Epilepsy ...	—	3	—	3	—	9
	(b) Other ...	—	—	—	—	—	—
15	Psychological—						
	(a) Development	—	2	—	—	—	6
	(b) Stability ...	—	26	—	4	1	34
16	Abdomen ...	—	1	—	1	—	3
17	Other ...	2	41	5	61	8	139

B.—SPECIAL INSPECTIONS.

Defect Code No.	DEFECT OR DISEASE	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
4	Skin ... ..	—	40
5	Eyes—		
	(a) Vision ... ..	60	463
	(b) Squint ... ..	2	33
	(c) Other ... ..	—	2
6	Ears—		
	(a) Hearing ... ..	1	16
	(b) Otitis Media ... ..	1	5
	(c) Other ... ..	3	6
7	Nose and Throat ... ..	3	62
8	Speech ... ..	3	32
9	Lymphatic Glands ... ..	1	25
10	Heart ... ..	—	30
11	Lungs ... ..	—	97
12	Developmental—		
	(a) Hernia ... ..	1	52
	(b) Other ... ..	—	18
13	Orthopædic—		
	(a) Posture ... ..	1	36
	(b) Feet ... ..	1	95
	(c) Other ... ..	—	36
14	Nervous System—		
	(a) Epilepsy ... ..	1	9
	(b) Other ... ..	—	—
15	Psychological—		
	(a) Development ... ..	—	14
	(b) Stability ... ..	1	42
16	Abdomen ... ..	—	—
17	Other ... ..	1	166

TABLE IV

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint ... ..	38	8
Errors of Refraction (including squint)	90	157
Total ...	128	165
Number of pupils for whom spectacles were Prescribed ... ..	—*	89

\* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.



TABLE IV (continued)

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated	
	by the Authority	otherwise
Received operative treatment		
(a) for disease of the ear ...	—	17
(b) for adenoids and chronic tonsilitis	—	129
(c) for other nose and throat conditions ... ..	—	10
Received other forms of treatment ...	15	8
Total ...	15	164
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1957 ... ..	—	4
(b) in previous years ... ..	—	5

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments ... ..	25	8

GROUP 4.—DISEASES OF THE SKIN

(excluding uncleanness, for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp ... ..	—
(ii) Body ... ..	1
Scabies ... ..	2
Impetigo ... ..	30
Other skin diseases ... ..	57
Total ...	90

TABLE IV (continued)

GROUP 5.—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance clinics under arrangements made by the Authority	...	...	...	...	...	...	...	53
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GROUP 6.—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority	...	...	...	...	...	...	...	67
--	-----	-----	-----	-----	-----	-----	-----	----

GROUP 7.—OTHER TREATMENT GIVEN

(a)	Number of cases of miscellaneous minor ailments treated by the Authority	...	...	...	...	654
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	—
(c)	Pupils who received B.C.G. Vaccination	...	...	...	...	19
(d)	Other—Appendix	...	...	...	...	22
	Accidents	...	...	...	...	45
	Burns	...	...	...	...	5
	Hernia	...	...	...	...	5
	Diabetics	...	...	...	...	4

TABLE V

DENTAL INSPECTIONS AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :—					
	(a)	At Periodic Inspections	...	...	...	857
	(b)	As Specials	...	...	...	2066
				TOTAL	...	2923
(2)	Number found to require treatment	...	...	...	...	2806
(3)	Number offered treatment	...	...	...	...	2556
(4)	Number actually treated	...	...	...	...	2280
(5)	Number of attendances made by pupils for treatment including those recorded at 11 (h) overleaf	...	...	...	...	4317
(6)	Half-days devoted to (a)	Periodic (School) Inspection				10
	(b)	Treatment	...	...	...	605
				TOTAL	...	615

TABLE V (continued)

(7)	Fillings :—						
	Permanent teeth	...	...	...	...	...	1278
	Temporary teeth	...	...	...	...	...	—
						TOTAL	1278
(8)	Number of teeth filled—						
	Permanent teeth	...	...	...	...	...	1018
	Temporary teeth	...	...	...	...	...	—
						TOTAL	1018
(9)	Extractions :—						
	Permanent teeth	...	...	...	...	...	1011
	Temporary teeth	...	...	...	...	...	2828
						TOTAL	3839
(10)	Administration of general anaesthetics for extraction...						1927
(11)	Orthodontics :—						
	(a) Cases commenced during the year	...	...	...	...	...	—
	(b) Cases carried forward from previous year	...	...	...	...	...	—
	(c) Cases completed during the year	...	...	...	...	...	—
	(d) Cases discontinued	...	...	...	...	...	—
	(e) Pupils treated with appliances	...	...	...	...	...	—
	(f) Removable appliances fitted	...	...	...	...	...	—
	(g) Fixed appliances fitted	...	...	...	...	...	—
	(h) Total attendances	...	...	...	...	...	—
(12)	Number of pupils supplied with artificial dentures	...	...	...	...	...	8
(13)	Other operations :—						
	Permanent teeth	...	...	...	...	...	618
	Temporary teeth	...	...	...	...	...	172
						TOTAL	790





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Printed by  
JOHN JENNINGS (Gloucester) LTD.  
Brunswick Road :: Gloucester

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